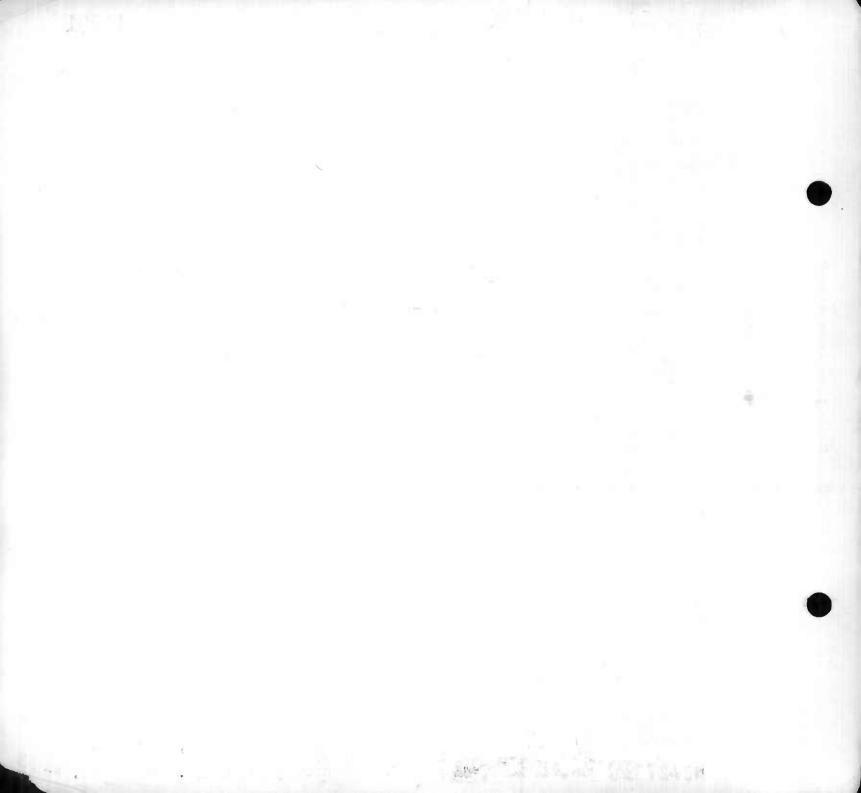
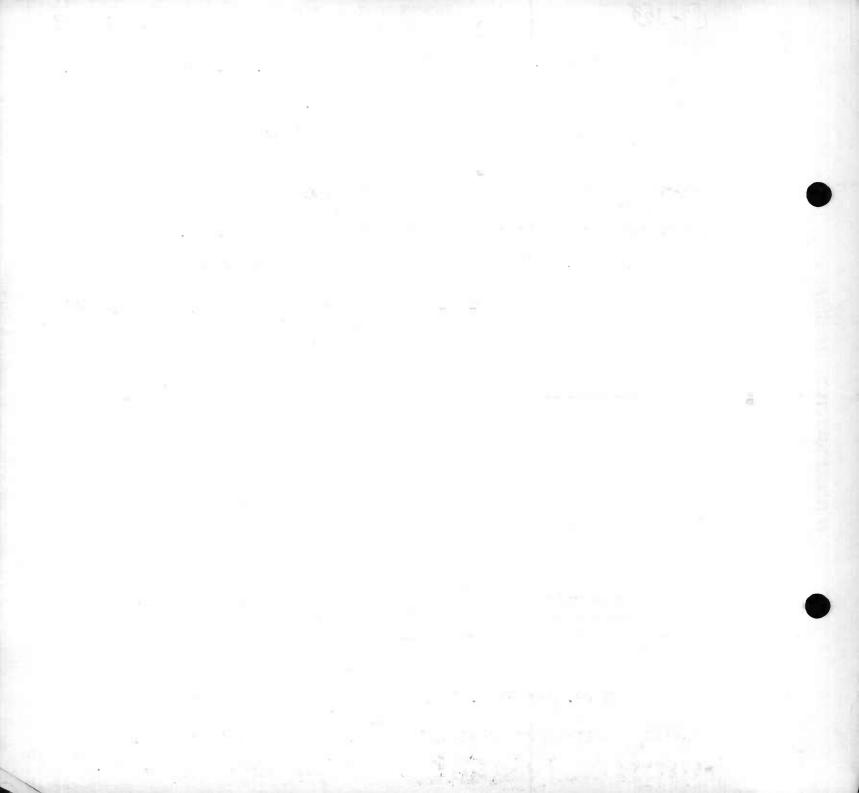
BIRTH NO.	50 10	11501		Y HEALTH DEPARTMENT	REG. NO.	70 11501
1. NAME OF D (Type or Print)	ROSOLINE	299(1 C), ,	2. OATE A	ND HOUR OF DEATH	045/2
3. PLACE IN B	ALTIMORE MARYLAND		VCEO DEAD	14. USUAL RESIDENCE (Who	ad 10	stitution: residence before admis
FULL NAME OF HOSPITAL OR INSTITUTION		SPITAL OR INSTITUT		I COOL	ALTO.	DE CITY LIMITS?
80 mi	4716930	Pforsk	,	E. STREET AND NUMBER	A.0.	YES NO NO
5. SEX	li ana			3636	Herren	son and.
M	6. RACE	WIDOWED		B. DATE OF BERTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
done during most	CUPATION (Give kind of w of working life, even if retire	rork 108, KINO OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	ign country)	12. CITIZEN OF WHAT COU
CEHEN	- frame		PRUCTION	TTALV		11350
13. FATHER'S N		10000	Machine	14. MOTHER'S MAIDEN NA	AA F	1091
ECP	QUAUIT.	Vocahi	mi			
15. Was Deceas	ad Ever in 11 S Amend	Farana?		CARMELL"	H Laz	zaro
tres, no or unknow	wn) (If yes, give wer or d	lotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		2	216-10-0747	Mrs Margare	et Vecchio	ni Same
18.//	3 X I		CAUSE OF DEAT	Н		APPROXIMATE INTERV
DISE	ASE OR CONDITION			^		BETWEEN ONSET AND D
	not meen the mode		(A) IMMEDIATE CAU	15 RS 3010AT	399A YAC	ET
tise to t	OR CONDITIONS, it the above couse (A NG CONDITION last	I ony, giving A) sloling lhe		HRDIA ABSCE A CONSEQUENCE OF: NARY NOCE		
	0.0					
DISEASE OR	IIFICANT CONDITIONS C ATH BUT NOT RELATED TO CONDITION GIVEN IN P OF GPERATION 1198. CO	THE TERMINAL	ICH OPERATION	20A ALIVORYA V N.	200	
DISEASE OR	ATH BUT NOT RELATED TO CONDITION GIVEN IN P OF OPERATION 198. CO WAS PI	THE TERMINAL ART 1 (A). ONDITION FOR WHERFORMED	D -	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
TO THE DEADISEASE OR 19A-DATE OF 21A-ACCID OR CONTRIL	ATH BUT NOT RELATED TO CONDITION GIVEN IN P OF OPERATION 198. CO WAS PI	O THE TERMINAL ART 1 (A). DINDITION FOR WHERFORMED CRED A 218. PL	ABSCESS ACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or No.	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
TO THE DEADISEASE OR DISEASE OR TO THE DEADISEASE OR TO THE DEADISEASE OR TO THE DISEASE OR CONTRICT O	ATH BUT NOT RELATED TO CONDITION GIVEN IN P DF OPERATION 198. CO	OTHE TERMINAL ART 1 (A). ON DITION FOR WH ERFORMED CARD A 218. PL home, elc.	ABSCESS ACE OF INJURY (e.g., in	o or obout 21 C. WHERE DID inco bldg.	(If In Boltimore	SES OF DEATH?
TO THE DE.	ATH BUT NOT RELATED TO CONDITION GIVEN IN POP FOREXTION 178. CONTROL TO THE POP FOREXTION 178. CONTROL TO TH	ART 1 (A). ART 1 (A). DINDITION FOR WHERFORMED CARD A 218. PL home, elc.)	ACE OF INJURY (e.g., in form, fociory, street, off	o or obout 21 C. WHERE DID fice bldg, INJURY OCCUR?	(If In Boltimore	SES OF DEATH?
TO THE DEL	ATH BUT NOT RELATED TO CONDITION GIVEN IN POF OPERATION 178. CO WAS POPERATION 178. CO WAS	OTHE TERMINAL ART 1 (A). SNOTTION FOR WHERFORMED CARDIA 21B. PL home, elc. of) (Houd) 21E. IN While Work	ACE OF INJURY (e.g., in form, foctory, street, of IJURY OCCURRED AI Not While At Work	o or obout 21 C. WHERE DID fice bidg, INJURY OCCUR?	(IF In Boltimore	SES OF DEATH?
TO THE DE. DISEASE OR 19A. DATE C 21A. ACCID OR CONTRIL DEATH (noil 21D. TIME OF INJURY (APPROX.) 22. 1 certif	ATH BUT NOT RELATED TO CONDITION GIVEN IN POP OF GPERATION 178. COMPANY OF CONTROL OF CO	OTHE TERMINAL ART 1 (A). ONDITION FOR WHERFORMED CARD A 218. PL home, etc.) oil (Hourl 21E. IN White Work cal) ottended the	ACE OF INJURY (e.g., ir form, foclory, street, off	o or obout 21 C. WHERE DID fice bidg, INJURY OCCUR?	(If In Boltimore	SES OF DEATH?
TO THE DE. DISEASE OR 19A. DATE C 21A. ACCID OR CONTRIL DEATH (noil 21D. TIME OF INJURY (APPROX.) 22. 1 certif	ATH BUT NOT RELATED TO CONDITION GIVEN IN POF OPERATION 178. CO WAS POPERATION 178. CO WAS	OTHE TERMINAL ART 1 (A). ONDITION FOR WHERFORMED CARD A 218. PL home, etc.) oil (Hourl 21E. IN White Work cal) ottended the	ACE OF INJURY (e.g., ir form, foclory, street, off	or obout 21C, WHERE DID fice bldg., INJURY OCCUR?	IN CERTIFYING CAU (If In Boltimore) JRY OCCUR?	City, give exoct location)
TO THE DEL DISEASE OR DISEASE OR 19A. DATE OF 19A. DATE OF CONTRIL DEATH (not) 21D. TIME OF INJURY (APPROX.) 22. 1 certif that (1) (we	ATH BUT NOT RELATED TO CONDITION GIVEN IN POPE OF OPERATION 198. CO WAS PIECE OF IN MASS OF IT WAS UNDERLYING BUTING CAUSE OF It Month (Doy) (Year It was a wife of the control of the con	DITHE TERMINAL ART 1 (A). DINDITION FOR WHERFORMED CRED A 218. PL home, elc.) on (Hour) 21E. IN While Work and) ottended the sed olive on	ACE OF INJURY (e.g., in form, fociory, street, of IJURY OCCURRED AI At Work deceosed from	21F. HOW DID INJURY 21F. HOW DID INJURY 19	IN CERTIFYING CAU (If In Boltimore) JRY OCCUR?	SES OF DEATH? City, give exoct locotion)
TO THE DEL DISEASE OR DISEASE OR 19A. DATE OF 19A. DATE OF CONTRIL DEATH (not) 21D. TIME OF INJURY (APPROX.) 22. 1 certif that (1) (we	ATH BUT NOT RELATED TO CONDITION GIVEN IN POF OPERATION 198. CO WAS PICE. TO WAS PI	DITHE TERMINAL ART 1 (A). DINDITION FOR WHERFORMED CRED A 218. PL home, elc.) on (Hour) 21E. IN While Work and) ottended the sed olive on	ACE OF INJURY (e.g., in form, fociory, street, of IJURY OCCURRED AI At Work deceosed from	or obout 21C, WHERE DID fice bldg., INJURY OCCUR?	(IF In Boltimore URY OCCUR? 9 70 ta	City, give exoct location) 19 10 10 deoth occurred on the
TO THE DEL DISEASE OR 19A. DATE C 21A. ACCID OR CONTRI DEATH (noil 21D. TIME OF INJURY (APPROX.) 22. 1 certif that (1) (we and haur at	ATH BUT NOT RELATED TO CONDITION GIVEN IN POF OPERATION 198. CO WAS PICE. TO WAS PI	DITHE TERMINAL ART 1 (A). DINDITION FOR WHERFORMED CRED A 218. PL home, elc.) on (Hour) 21E. IN While Work and) ottended the sed olive on	ACE OF INJURY (e.g., in form, foclory, street, of IJURY OCCURRED At Work deceosed fram	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	IN CERTIFYING CAU (If In BoltImore JRY OCCUR? 9 70 ta It In(my) (aur) opini	SES OF DEATH?
TO THE DEL DISEASE OR 19A. DATE C 21A. ACCID OR CONTRI DEATH (noil 21D. TIME OF INJURY (APPROX.) 22. 1 certif that (1) (we and haur at	ATH BUT NOT RELATED TO CONDITION GIVEN IN POF OPERATION 198. CO WAS PICE. TO WAS PI	DITHE TERMINAL ART 1 (A). DINDITION FOR WHERFORMED CRED A 218. PL home, elc.) on (Hour) 21E. IN While Work and) ottended the sed olive on	ACE OF INJURY (e.g., ir form, foclory, street, of IJURY OCCURRED At Work deceosed fram	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	(IF In Boltimore URY OCCUR? 9 70 ta	City, give exoct location) 19 7 (ion death occurred on the
TO THE DEL DISEASE OR OF CONTRIL DEATH (not) 21A. ACCID OR CONTRIL DEATH (not) 21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (we and haur at 23A. SIGNAT 23C. PHYSICI NAME (1)	ATH BUT NOT RELATED TO CONDITION GIVEN IN POF OPERATION 198. CO WAS PICE OF GENERAL CONTROL OF THE POP OF THE	OTHE TERMINAL ART 1 (A). ART 1 (A). SNOTTION FOR WHERFORMED CARDIA 21B. PL home, elc.) on (Houd) 21E. IN While Work al) ottended the sed olive on cated obove. (I) (I)	ACE OF INJURY (e.g., in form, fociory, street, off INJURY OCCURRED At Work deceosed fram	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY of the body ofter deoth. 21ding Med. Director 1	IN CERTIFYING CAU (If In Boltimore JRY OCCUR? 9 10 ta 11 In(my) (aur) opini Shaff Phys.	City, give exoct location) 19 10 ion death occurred on the
TO THE DE. DISEASE OR DISEASE OR 19A. DATE C 21A. ACCID OR CONTRIL DEATH (noti DEATH (noti DEATH (noti DEATH (noti CAPPROX.) 22. I certif that (1) (we and haur a 23A. SIGNAT 23A. SIGNAT 23A. BURIAL CR REMOVAL	ATH BUT NOT RELATED TO CONDITION GIVEN IN POOR TO SENT WAS PRATION 178. COMMANDERLYING BUTING CAUSE OF (Month) (Doy) (Year of the Command of	OTHE TERMINAL ART 1 (A). ART 1 (A). DINDITION FOR WH ERFORMED 218. PL home, etc.) 11 (Hour) 21 E IN White Work and ottended the sed olive on tated obove. (I) (1)	ACE OF INJURY (e.g., ir form, foclory, street, off form, foclory, street, off At Work deceosed fram	21F. HOW DID INJURY OCCUR? 32	IN CERTIFYING CAU (If In Boltimore JRY OCCUR? 9 10 ta 11 In (my) (aur) opini Shaff Phys.	City, give exoct location) 19 10 10 deoth occurred on the
TO THE DE. DISEASE OR DISEASE OR 19A. DATE C 21A. ACCID OR CONTRIL DEATH (noti DEATH (noti DEATH (noti DEATH (noti CAPPROX.) 22. I certif that (1) (we and haur a 23A. SIGNAT 23A. SIGNAT 24A. BURIAL CR REMOVAL BURIAL BURIAL BURIAL BURIAL CAR REMOVAL	ATH BUT NOT RELATED TO CONDITION GIVEN IN POOR OF GPERATION 178. CONDITION 178. C	ART 1 (A). ART 1	ACE OF INJURY (e.g., ir form, fociory, street, off the form,	21F. HOW DID INJURY OCCUR?	IN CERTIFYING CAU (If In Boltimore JRY OCCUR? 9 70 ta	City, give exoct location) 19 10 ion death occurred on the
TO THE DE. DISEASE OR DISEASE OR 19A. DATE C 21A. ACCID OR CONTRIL DEATH (noti DEATH (noti DEATH (noti DEATH (noti CAPPROX.) 22. I certif that (1) (we and haur a 23A. SIGNAT 23A. SIGNAT 24A. BURIAL CR REMOVAL BURIAL BURIAL BURIAL BURIAL CAR REMOVAL	ATH BUT NOT RELATED TO CONDITION GIVEN IN POOR TO SENT WAS PRATION 178. COMMANDERLYING BUTING CAUSE OF (Month) (Doy) (Year of the Command of	OTHE TERMINAL ART 1 (A). ART 1 (A). DINDITION FOR WH ERFORMED 218. PL home, etc.) 11 (Hour) 21 E IN White Work and ottended the sed olive on tated obove. (I) (1)	ACE OF INJURY (e.g., ir form, fociory, street, off the form,	21F. HOW DID INJURY OCCUR?	IN CERTIFYING CAU (If In Boltimore JRY OCCUR? 9 To ta It In(my) (aur) opini Shoff Phys. C CATION (City, It imore, I	City, give exoci location) 2.

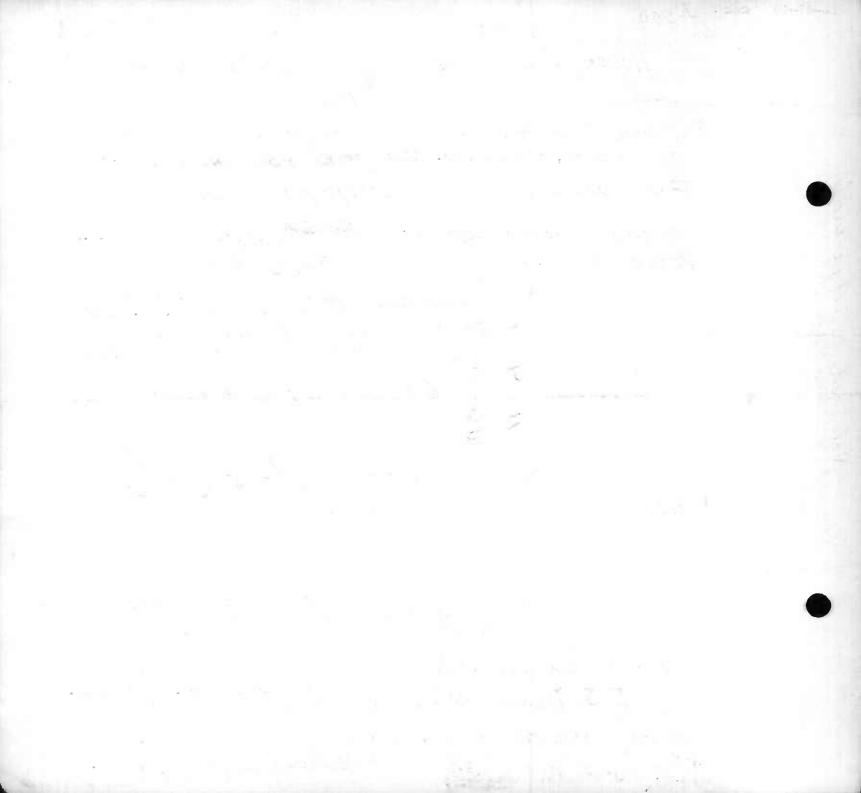


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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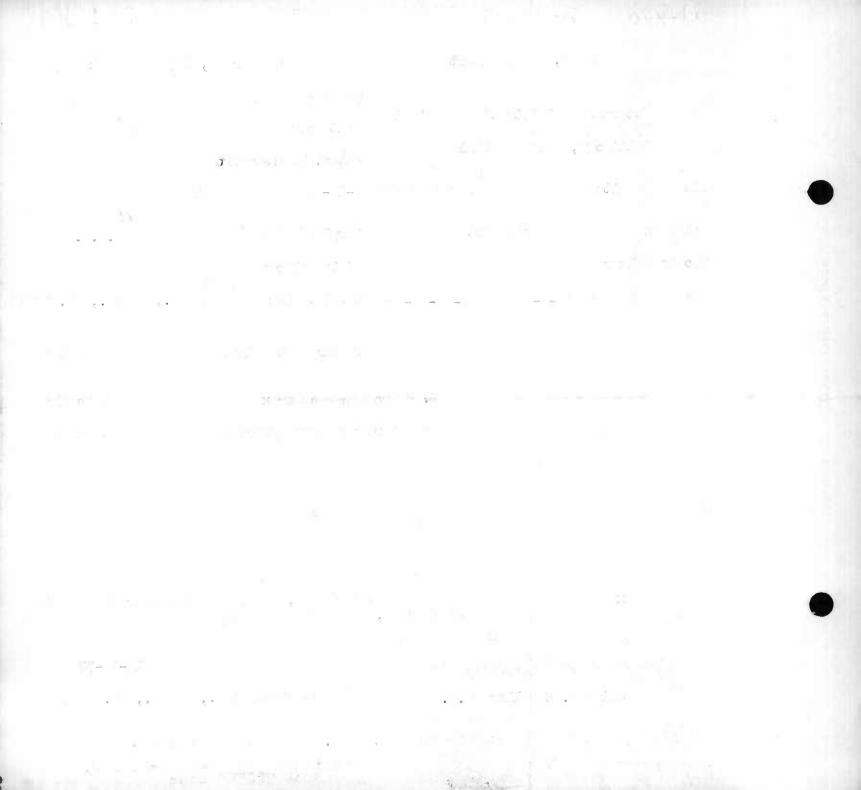
C 253	BALTIMORE CITY	HEALTH DEPARTMENT		
	02 CERTIFICA	TE OF DEATH	REG. NO	70 11502
1. NAME OF DECEASED (Type or Print)		2. DATE A	ND HOUR OF DEATH	
VIOLA V. CO		Nov.	22, 1970	6 a.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PE	RONOUNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. If inc	titution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Md. 2120	6	27-41
			1	E CITY LIMITS?
4718 Eugene Av	enue	Baltimore		YES K NO
0.0			ne Avenue	
	RIED NEVER MARRIED	8. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
female white wido	WED DIVORCED	9/26/01	60	Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ion country)	12. CITIZEN OF WHAT COUNT
Janitoral Work Bal	to City School		ore, Md.	12. GINZEN OF WHA! COUNTS
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
John H. Kolbe		Geor	geanna Jub	b
. Was Deceased Ever In U. S. Armed Forces? es, no or unknown) (If yes, give war or doles of serv		17. INFORMANT		ADDRESS
	219-22-1153	George Coss	entino, hus	band, above
118. 94,9 4250.	GAUSE OF DEATH	O Dialuta M	2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY		(A sult m	allihi -	SETWEEN CHOSET AND DEAT
LEADING TO DEATH	(A) IMMEDIATE CAU	SE PRACTICES	4.00103	1
(This does not mean the made of dying, heart failure, astheria, etc. It means the disc	9.0	CONSEQUENCE OF:	***************	**********
injury or complication which caused death.)	3056			
ANTECEDENT CAUSES				ł
	(B)	*********		
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(C)			1
11	/ ~ / *********************************			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG			
TO THE DEATH BUT NOT RELATED TO THE TERMIN	VAL			
	**************	120A A11700000 (V 13	1 200 to year	
194-DATE OF OPERATION 198 CONDITION F WAS PERFORMED	OF HUICH OLEKAHON	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	1010 01 000 07			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B PLACE OF INJURY (e.g., in home, form, fociory, street, off etc.)	or obout 21C. WHERE DID	(If In Bollimore	City, give exoci location)
21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJ	IIPY OCCUP?	
OF INJURY (APPROXI	While At Not While Work At Work			
		Ш		
22. I certify that (1) (this hospital) attend	ed the deceased from	Jan.	956 to 111	22 1920
that (1) (we) last saw the deceased alive		7 00	defections 1 0 annual management	
	/		at in (my) (out) objui	on death occurred an the da
and hour and from the causes stated abov	e• (1) (As) (qiq) (qi q ue t) Ai	ew the body after death.		
23A. SIGNATURE			2	38, DATE SIGNED
Joseph R. tele uto	1 94 Q DECEMBER Phys.	ding Med.	Staff Phys.	11/24/20
23C. PHYSICIAN'S	DEGREE	3D. ADDRESS	rnys, —	11/1/10
NAME (Type) X Dr. Josep	h R.Liberto	3508 B	ank Street	
A. BURIAL CREMATION, 248. DATE 249 REMOVAL (Specify)	C. NAME of CEMETERY OF CREA	MATORY 24D. LC	CATION (City,	town, or county) (State)
Burial 11/25/70	Gardens of Fa		altimore, N	
A. DATE REC'D BY HEALTH DEPT. 258, NA	ME/OF REGISTRAR			
NOV 27 TOTAL R. G. E Ja C		Schamunek F	uneral Home ehms Lane	e, Inc.
150_DEV/ 1/1/40			THE COLLE	



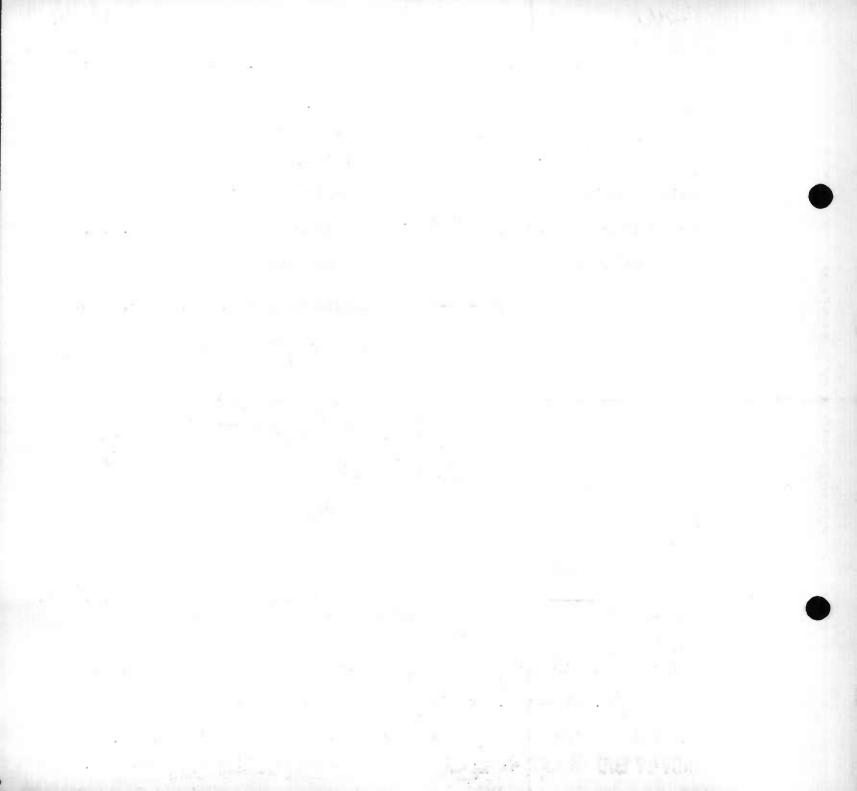
T-121	1/ 70	A 4 500 BALTIMORE CIT	Y HEALTH DEPARTMENT	70	14500
BIRTH NO.		11503 CERTIFICA	TE OF DEATH	REG. NO.	11503
1. NAME OF DEC		E M. TREADWELL		ID HOUR OF DEATH	
3. PLACE IN BAL		WHERE PRONOUNCED DEAD	14. USUAL RESIDENCE (When	v. 22, 1970 re deceosed lived. If institution	1 p.
FULL NAME OF HOSPITAL OR INSTITUTION		TAL OR INSTITUTION, GIVE STREET	Md. 2121	1.3 D. INSIDE CITY	6-33
440	nion Memor:	ial Hospital	Baltimon E. STREET AND NUMBER 3313 Sha	annon Drive	X № □
5. SEX	6. RACE	7. MARRIED NEVER MARRIED			der 1 Yr. , il Under 24 His
female	white	WIDOWED DIVORCED	6/14/05	lost birthdoy) Month	der 1 Yr. Il Under 24 His Doys Hours Min.
done during most of the Bookke	working life, even it refired)	Union Trust Co.	Baltimore,		TIZEN OF WHAT COUNTR
3. FATHER'S NAM	A E		14. MOTHER'S MAIDEN NAM		
	nil Sima		Mary Ruzic	ka	
5. Was Deceased Yes, no or unknown!	Ever in U. S. Armed For (If yes, give wor or dote	s of service) SECURITY NO.	17. INFORMANT 621 N		
1B. 47 7		217-14-1746	Mrs. Floyd	W. Bousman, ne	eice
DISEAS	E OR CONDITION DIE LEADING TO DEATH		(970) NO4	Markens	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
heori failure,	at meon the mode of asthenia, etc. It means plicotion which caused	the disease DUE TO, OR AS	A CONSEQUENCE OF:		
DISEASES O	R CONDITIONS, if abave cause (A) CONDITION last.	any, giving DUE TO, OR AS slotling the	A CONSEQUENCE OF:	Le Creaty,	172.
IO THE DEATH	CANT CONDITIONS COL BUT NOT RELATED TO THE DIDDITION GIVEN IN PAR	HE TERMINAL			
19A. DATE OF	OPERATION 198. CON	DITION FOR WHICH OPERATION FORMED	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examined	218 PLACE OF INJURY (e.g., in home, form, foctory, street, all etc.)	or obout 21C. WHERE DID	(If In Bolttmore City, gi	ive exoct location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doyl (Yeor)	(Hour) 21E INJURY OCCURRED While At Not While Not Work		RY OCCUR?	
22. I certify that (I) (we)	that (1) (this hespital) last saw the decease	ottended the deceased fram		t In(my) (aux) opinion dec	
		ed abave. (1) (We) (did) (did not) v	lew the body after death.		
23A, SIGNATUR	out ();	Atter	Med. S	itaff 23B, DA	1E SIGNED
23C. PHYSTCIAN NAME (Ty	Dr. Stua	art D.P.Sunday	201 E.	33rd St.	•
4A. BURIAL CREM REMOVAL (Sp Buria	1 11/25/	24C. NAME of CEMETERY of CRE		CATION (City, town,	or countyl (Stote)
NOV 27	THE CLEAR	E Sale REGISTRAR	Schimunek F	uneral Home,	ADDRESS Inc.
S 150-REV. 1/1/6	3				



10-700 /0 1.1(1)	TY HEALTH DEPARTMENT	70 11505
BIRTH NO. 1. NAME OF DECEASED	ATE OF DEATH	
(Type or Print) WALKER, James Albert	November 20, 1970	1 5:00 A
3. PLACE IN BALTIMDRE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL DR VOLUME STREET ACTION HOSPITAL)	4. USUAL RESIDENCE (Where deceased lived, If institution A. STATE B. CDUNTY Maryland 21213	residence before odmission
3900 Loch Raven Blvd	C. CITY OR TOWN Baltimore D. INSIDE CITY YES P	
Baltimore, Maryland 21218	E. STREET AND NUMBER 3840. Elmley Avenue	
Male White Widowed Separate Widowed Divorced	1 3-10-20	der 1 Yr. If Under 24 Hrs Boys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRIBLE OF SALESMAN Auto Parts	Y 11. BIRTHPLACE (Stote or foreign country) 12. C Maryland Baltimore	U.S.A.
3. FATHER'S NAME Thomas Walker	Effie Galloway	0.60.6.
5. Was Decresed Ever in U. S. Armed Forces? fes, no er unknown) Uf yes, give wor er doles ef service) Yes 1947 to 12-7-50 16. SOCIAL SECURITY NO. 215-24-93-40	VAH, 3900 Loch Raven Blvd., Ba	ADDRESS alto., Md. 2121
DISEASE OR CONDITION DIRECTLY		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	LUSE Cancer of the lung	8 Months
injury ar camplicelien which caused death.)	W	
DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS	ropyoneumothorax S A CONSEQUENCE OF:	4 Months
UNDERLYING CONDITION last. (c). Superior	or Vena Cava Syndrome	2 Weeks
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)		
198 CONDITION FOR WHICH OPERATION WAS PERFORMED	NO 20A AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CDNSIDERED DEATH?
21A- ACCIDENT WAS UNDERLYING 21B-PLACE OF INJURY (e.g., home, form, fociory, sheet, of DEATH (notify medical examiner)	In er ebout 21 C. WHERE DID (II in Beltimore City, giffice bldg., INJURY OCCUR?	ve exact location)
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Mork At Work	21F. HOW DIO INJURY OCCUR?	
22. I certify that (2) (this hospital) attended the deceased fram	November 3. 10 70 as Movembe	r 20 19 70
and have and from the causes stated above. (#) (We) (dld) (#17) (We)	view the bady after death.	546. 110.0.1
faine F. Caselles on D. Atte	ending Med. C Shift Con	te signed 1420-70
Jaime F. Casellas M.D.	3900 Loch Raven Blvd., Balto.,	Md. 21218
A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CRI	, and the state of	or county) (Stote)
Burial 11/24/70 Gettysburg Nata A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR		
NOV 27 PM PLAS Z.Q. TO	Schimunek Funeral Home, 3331 Brehms Lane	ADDRESS Inc.



10	21/1			BALTIMORE CITY	HEALTH DEPARTMENT		70 11500
BIRTH		70	1150	6 CERTIFICA	TE OF DEATH	REG. NO	70 11506
(Type	AE OF DECEAS or Print)	Anthon	у Ј. S	Sokol	2. DATE AN	. 21, 1970) 12:40
3. PLA	CE IN BALTIM	ORE MARYLAND, V	VHERE PRONC	UNCED DEAD	4. USUAL RESIDENCE (When	re deceased lived. If ins	stitution: residence before admission
HOSPI	NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITATION)	IUTION, GIVE STREET	Md. 2120	5	7-03 DE CITY LIMITS?
	Ho	use in th	e Pine	es	Baltimore E. STREET AND NUMBER		YES NO
		Belair Rd			707 N. Col	lington Av	venue
	ale	white	WIDOWED		15/10/1900 1	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
dane du Sh	oring most of work	non(Give kind of warding life, even if refired) ter-Dixon	Lambr Gartl	echt Inc. ett &	11. BIRTHPLACE (State or forei Poland	gn country!	12. CITIZEN OF WHAT COUNTRY U.S.A.
	THER'S NAME				14. MOTHER'S MAIDEN NAM	ME	
	- V	nknown			unknown		
15. Wos (Yes, no	or unknown) (If	r in U. S. Armed For yes, give wor or date		SECURITY NO.	17. INFORMANT		ADDRESS
18.	no		21	2-07-0043 CAUSE OF DEATI	Carrie Panze	r Sokol, w	rife, above
DI	LEA his does not r out foilure, osth outy or complice ANT SEASES OR (e to the o	R CONDITION DID DING TO DEATH neen the mode of enio, etc. It meons blion which coused ECEDENT CAUSES CONDITIONS, if bove couse (A) DNDITION lost.	dying, e.g., the disease, death.)	(B) Par	SEPWEELL Pres A CONSEQUENCE OF: Constitution Constitutio	amounts;	1-2 days
A DIS	THE DEATH BUSEASE OR COND	NT CONDITIONS CO IT NOT RELATED TO TI ITION GIVEN IN PAR	HETERMINAL T 1 (A).	Whentu	Clti	***************************************	?
ERTIFIC)	RATION 198. CON WAS PERI	FORMED	WHICH OPERATION	20A. AUTOPST? (Yes or No.)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
S OR DE	ATH (notify med		218 hon etc.	ie, farm, foctory, street, of	i of about 21C. WHERE DID lice bldg., INJURT OCCUR?	(If In Boltimore	City, give exact location)
Q 210 OF (AF	PATIME (MO INJURY PPROX.)	onthi (Doy) (Teori		INJURY OCCURRED Not While k At Work	21F. HOW DID INJU	JRY OCCUR?	././
22.	I certify that	(I) (th is hespita l) attended t	he deceased from /	1 10/12/1	9 /0 to	11/2// 19/0
tho	it (i) (we) last	saw the decease	d alive an	11/20	1970 and the	at in (my) (oo r) apini	tan death accurred an the date
one	d haur and fro	m the causes stat	ed obove. (I	/	iew the body ofter deoth.		
1/2	SIGNATURE	一为为	Mly	DEGREE Phys	nding Med.	Staff Phys.	23B. DATE SIGNED / 1/23/70
#23C	NAME (Type)	Dr. Albe	rt B.		3D. ADDRESS 4900 Be	lair Road	
24A. BL	JRIAL CREMAT	ION, 248. DATE		AME of CEMETERY OF CRE			, town, or county! (Stotel
H	Burial	11/24		ew Cathedra	12	Baltimore	, Md.
	NOV 27	970 Robert	E. Jal	DE REGISTI AR	Schimunek 3331 Br	Funeral Ho ehms Lane	ome, Inc.



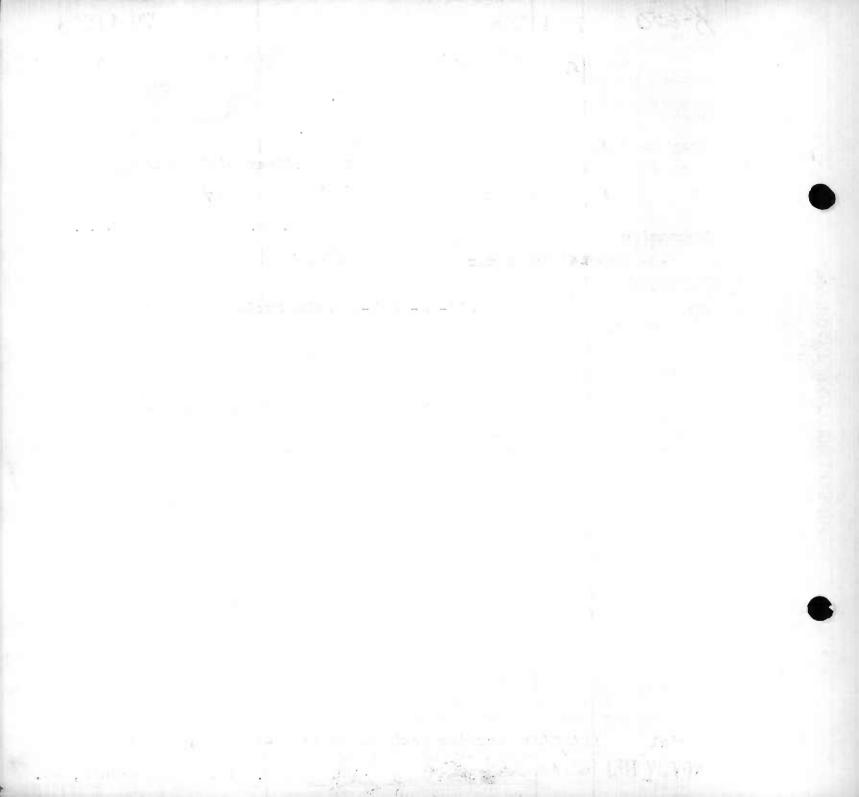
	M_ 20X BALTIMORE CITY HEAD	TH DEPARTMENT
BI	BIRTH NO. 70-20970 11507 CERTIFICATE	OF DEATH REG. NO. 70 11507
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	MATTHEWS, BABY BOY	nov. 23, 1970 4:45 P. M.
3.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. U. A. ST	SUAL RESIDENCE (Where deceased lived, 11 institution: residence before admission) ATE B. COUNTY
FU	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	pa 20-05
İN	INSTITUTION C. CIT	D. INSIDE CITY LIMITS?
	Bon Secours Hospital	REET AND NUMBER
-	E. 31	2317 Fre day he
5.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 6. DA	TE OF BIRTH 9. AGE (In years last birthdoy) II Under 1 Yr., II Under 24 Hrs. Months: Days Hours; Min.
	M C WIDOWED DIVORCED 1	1/23/70
10/ doi	10A, USUAL OCCUPATION (Give kind al work 10B, KIND OF BUSINESS OR INDUSTRY 11. Bli	RTHPLACE (State or lareign country) 12. CITIZEN OF WHAT COUNTRY?
		Ma
13.	13. FATHER'S NAME	OTHER'S MAIDEN NAME
K	REVAUDET MATTHEWS	ALICE WATTEN
15. (Ye		FORMANT ADDRESS
	3.00	317 Frenerick Ave 21223
	18. 7 72. 01 CAUSE OF DEATH	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
	(This does not mean the made of dying, e.g., (A) IMMEDIATE CAUSE	this.
	heart failure, asthenia, etc. It means the disease, injury ar complication which coused death.)	SEQUENCE OF:
	ANTECEDENT CAUSES	And Allia
	(B) CEVELY OF	ISEQUENCE OF:
1	rise to the above cause (A) stating the UNDERLYING CONDITION last.	ity ±30 weeks gestation
	(C)	4070 9080
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	9
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
CERTIFIC	198 CONDITION FOR WHICH OPERATION WAS PERFORMED 20/	AUTOPSY? (Yes or Na) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
S	U 21A ACCIDENT WAS UNDERLYING	aut 21 C. WHERE DID. All In Publishers Charles and Lotte
1		INJURY OCCUR? (If In Boltimare City, give exact location)
EDIC	O 21D-TIME (Month) (Day) (Year) (Hourd 21E IN 1119Y OCCUPAND	21F. HOW DID INJURY OCCUR?
¥	▼ (APPROY) While At ☐ Not While ☐	211. HOW DID MAJOR! OCCOR!
	Work L At Work L	vember 2 3 1970 10 Navember 23 1970
	that (1) (we) last saw the deceased alive on	
1	and hour and from the couses stated obove. (i) (We) (did) (did not) view the	body offer death. 23B. DATE SIGNED
	Marston (1 James MI) Attending	Med. Staff C
	23G. PHYSICIAN'S NAME (Type) 23D. AD	
	DEGREE	
24/	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATOR	Y 24D. LOCATION (City, town, or county) (Slote)
1/2	Biral 11 = 1/6 Stelen Cen	o 1 walks med
25/	25A. DATE REC'D BY HEALTH DENT. 258 NAME OF REGISTRAR 250	Thomas of Karan Var 600 / ADDRESS
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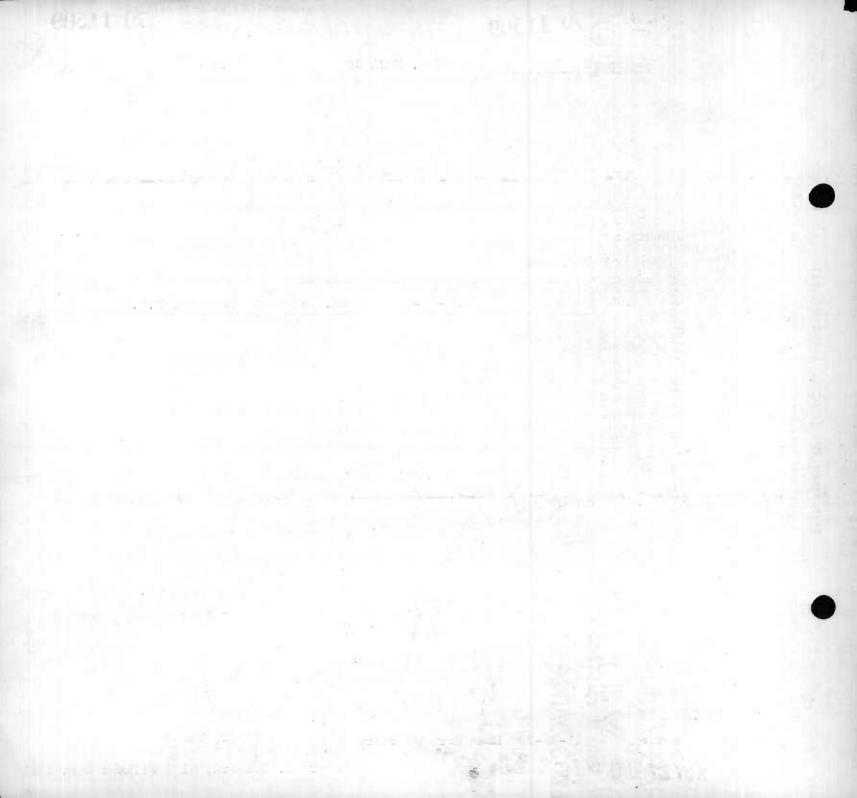
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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

	9 - 6(2)// 7(1 1 1 1 5 (1 0	TE OF DEATH REG. NO. 70 11508
1	NAME OF DECEMEN	2 DATE AND HOUR OF DEATH
- -	PLACE IN SALTHARINE KREIN	11/24/70 3 P M
'	. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. II institution: residence before admission) A. STATE B. COUNTY
- 11 8	ULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	28-02
	ASTITUTION TO LOCK HOLD	C. CITY OR TOWN Balto
	Mercy Hospital	E. STREET AND NUMBER
	37	2809 Silver Hill Avenue
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH IQ. AGE III HOUSE I IS II - 1 Y WILL DE IV
	W F WIDOWED DIVORCED	1 0/20/00 1 87
de	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)	
	Housewife	Balto. Nd. U.S.A.
113	John ###### Schmelzer	14. MOTHER'S MAIDEN NAME
		Katherine ???
115	Wos Doceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	No 215-03-255	1-B John Krein As Above
	18. 4/0 / 1 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DELWEEN ONSELAND DEATH
	(This does not mean the mode of dying as (A) IMMEDIATE CAU	ISE V H A CONSEQUENCE OF:
	heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	A CONSEQUENCE OF:
	ANTECEDENT CAUSES	ble myo cardial infarction
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
10 V	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
الإ	DISEASE OR CONDITION GIVEN IN PART 1 (A). 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	
CERTIFI	WAS PERFORMED	20A-AUTOPSY? IYes or No. 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURYING, on CONTRIBUTING CAUSE OF home, form, fociory, street, of	or about 21 C. WHERE DID (II in Soltimore City, give exect location)
ZA.	DEATH Inotify medical exomined home, form, fociory, street, off	ice bldg., INJURY OCCUR?
ED	21D-YIME IMonth) (Doy) [Yeer) [Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
2	(APPROX.) While AI Not While Wark At Wark	П
	22. I certify that (i) (this hospital) attended the deceased fram	11/2021 20
	that (1) (we) last saw the deceased alive on	19 19 19 19 19 19 19 19 19 19 19 19 19 1
	and have and from the causes stated above. (1) (We) (did) (did not) vi	ew the hady after death.
	23A. SIGNATURE	23B, DATE SIGNED
	K fur DEGREE Phys.	ding Med. Staff CX
	23 C. PHYSICIAN'S NAME (Type)	3D. ADDRESS
	KYI K LWIN	
24.	BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMENTS OF C	MATORY 24D. LOCATION (City, town, or county) (Stote)
	Burial 11/27/70 Lorraine Park	Cemetery Woodlawn, Maryland
25	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	250 JUNEAL DIRECTOR ADDRESS
	NOV 27 19/10 (XSee E Sally Ma):	Raymond C. Fink Glen Burnie, Md.



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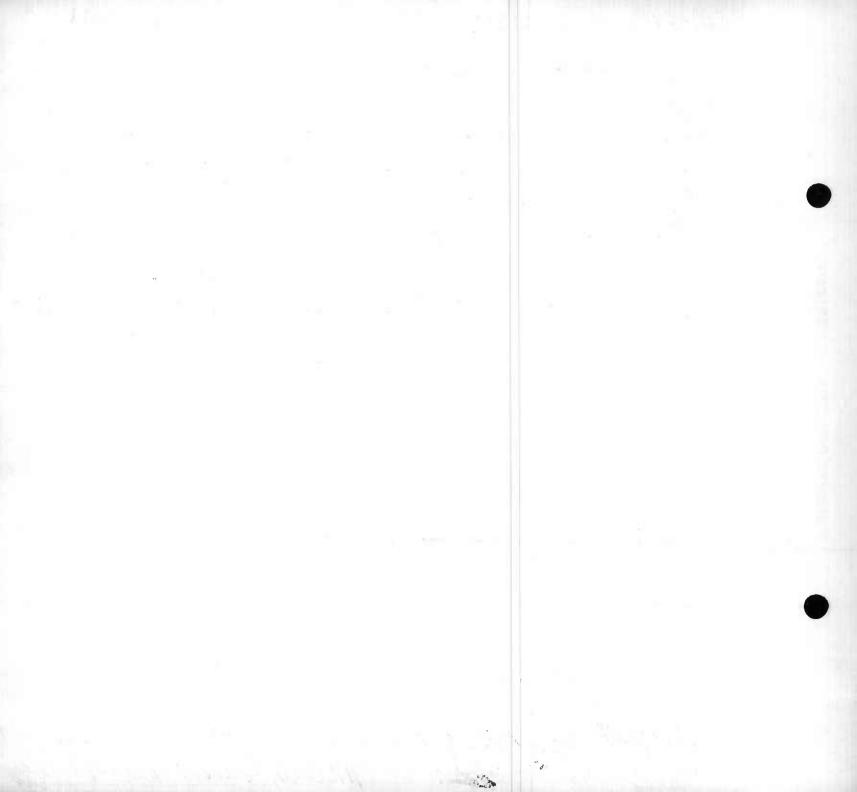
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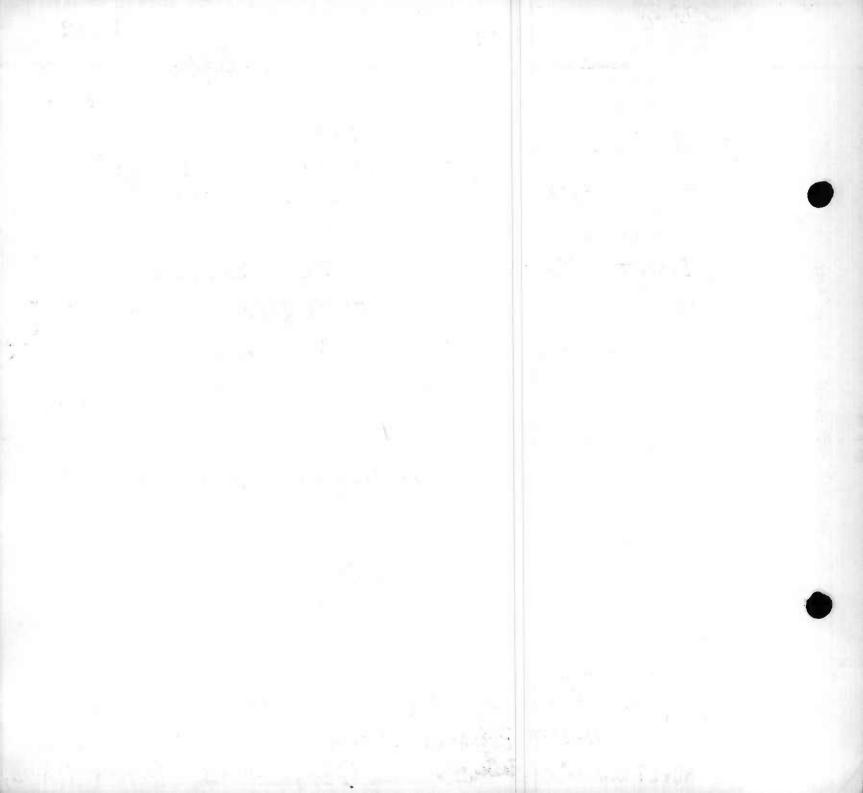
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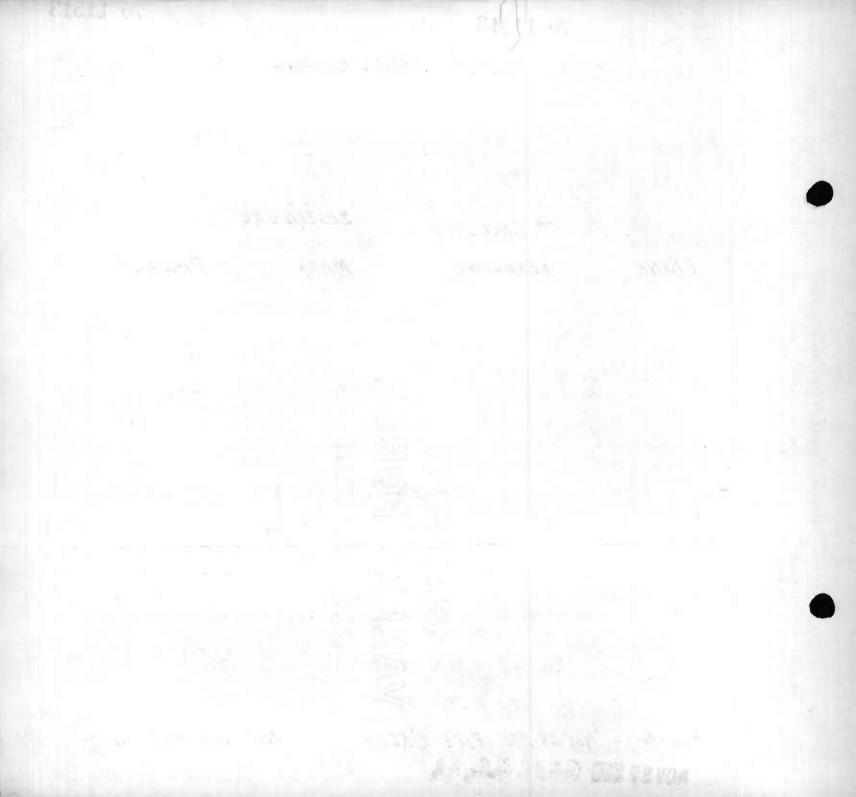
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240	BALTIMORE CITY	HEALTH DEPARTMENT		70 4i 740
BIRTH NO. 70 11512	CERTIFICA	TE OF DEATH	REG. NO	70 11512
(Type or Print) ETOKA GOFF		2. DATE AN	D HOUR OF DEATH	1 911150
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNG	CED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	C, CITY OR TOWN	Zello	IDE CITY LIMITS?
8 U. of Md. Hospita	<i>V</i>	E. STREET AND NUMBER	Sanathea	YES (NO) St. #23
P Negro WIDOWED	NEVER MARRIED DIVORCED	4-21-93	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		Mel		USA
Frerett Kross		14. MOTHER'S MAIDEN NA	ME Ralali	
	SOCIAL	17. INFORMANT	Daggi	ADDRESS
NO	SECURITY NO.	Henry GDF	F 1317 W	V. Sarataga ST. Balt.
18.7-12.4-1	CAUSE OF DEAT	4 0	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	at. Fil	· all Fao	ASOUN	
17his does not mean the made at dying, e.g., heart toilure, asthenio, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	nocv g	0 200
injury or camplication which caused death.)	(D) ni.	0.10.0. 0	aul	30
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	OVA	3 days
rise to the obove couse (A) stoling the UNDERLYING CONDITION last.	(c)	100	Grigor.	0
7 11		1 0 1	/ /	0/ - 0
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OF DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED 1218-PLA 1218-PLA	Possil	le Parl Emb or	Systemin En	John 30
19A-DATE OF OPERATION 198. CONDITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF home, felc.)	CE OF INJURY (e.g., larm, fociory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(if In Boltimor	e City, give exact location)
OF INJURY (Month) (Doy) IYeor) (Hour) 21E IN.	URY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
Work	At Work			
22. I certify that (I) (this haspital) attended the a	Nov 22	New 1	19 // to No	x 2 19/0
and hour and from the causes stated abave.			at in(my) (our) opl	nian death occurred on the dote
23A SIGNATURE	()O	iew the body offer death.		23 B. DATE/SIGNED
horoh Santonalen III		nding Med. Director	Staff Phys.	11/22
JOSE PH B. SA PPINGTO	N, M.D.	a. Ind. L	lospotal,	Balto, md.
24A BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	OI CEMETERY OF CRE		OCATION ICI	ty, town, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF R	FOS CHUNCH	25G FUNERAL DIRECTOR	C	ADDRESS
NOV 27 1970 Refer E. Jalley	ALD. 3	V . 1	Sewell	Pr. Frederick, M





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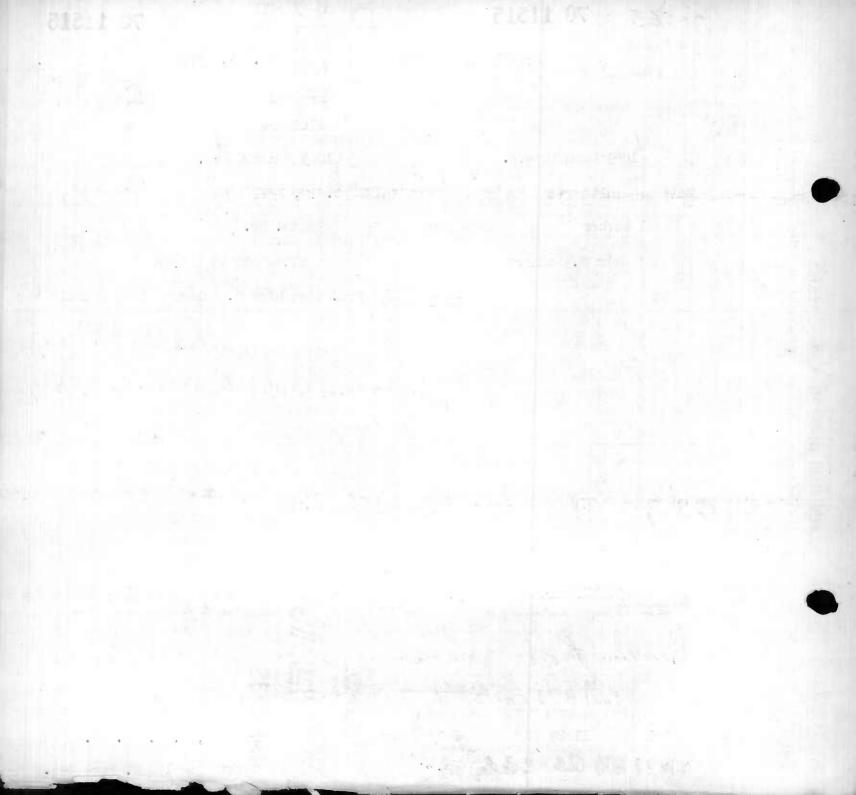
()-50	20	MED	ICAL	. E)	KAMINER'S	CERTIFI	CATE	OF	DEAT	H REG NO	70	1.15:	14
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	NAME OF DE	CEASED	Talan C				2. DATE OF	Known 2		Month	22	Ye		05 p.
-		T111005 114	John C				DEATH	Estimoted	d 🗆	11				05 Pm.
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HC	SPITAL	ADDRE	ESS OR LOCA	TION)			C HEHA!	TEIDENICE (()4/1	11	22 ved. If Institution	70		2 191.
	40	St. A	Agnes H	lospi	ta1		A. STATE	Md.	(where	seceased ii	B. COUNTY	0	28-3	3 3
6.	SEX #	7. RACE		8. MARR	IED [NEVER MARRIED	C. CITY O	_			D. INSIDE C	ITY LIMI	TS?	
	male	Whit	te	WIDOV	VED [DIVORCED [lto.			1	ES 🗌	NO 🗆	
100	Dec 27	•	10. AGE (In lost birthdo			nder 1 Yr. II Under 24 Hrs. hs Doys Hours Min.		09 Dick		Hi11 1	Rd.			
11.	Mary I		on country)			VHAT COUNTRY?	13. FATHER	S NAME	Owe	ens				
14/			e kind of work	148. KIND	OF	BUSINESS OR INDUSTR								
dor	Contra	working life, ev	ren lfrettred)	El	ec	tric	Beu	lah Sp						
(Y «	WAS DECEAS	SED EVER IN) (If yes, give \	U.S. ARMED	of service)	17. SOCIAL SECURITY NO.	18. INFOR		_	Z/LEO		ADDRESS		24.007
	No							e Ower	ns :	1452	Vargas	5 61		
	19.	65 D	(CAUSE OF DEA	TH						BETWEEN ONS	TE INTERVAL ET AND DEATH
	DISEA	SE OR COND		CTLY			Shotg	un wour	nds o	of che	est and	abdo	men	
Н	/21.1. 1	LEADING TO				(A)IMMEDIATE	AUSE							
	heart follur	nol meon the e, osthenio, etc	. It means the	disease,		DUE TO, OR	AS A CONSE	UENCE OF:					4	
	injury or co	mplication whi	ch coused dec	ain.)										
		NTECEDENT				(B)				- 10				
	DISEASES RISE TO TH	OR CONDITI	ONS, IF ANY	, GIVING		DUE TO, OR	AS A CONSI	QUENCE OF	:					
z	I UNDERLYI	NG CONDIT	ION LAST.			(c)								,
2			11											
CERTIFICATION	OTHER SIG	NIFICANT COL ATH BUT NOT	NDITIONS CO	ONTRIBU	ING									
臣	DISEASE O	RCONDITION	GIVEN IN P	ART 1 (A)	•									
E S	20A. DATE C	F OPERATION	N 208. COI	MOITION	FOR	WHICH OPERATION W	AS PERFORI	AED				21. A	UTOPSY? (Y	es or No)
2	de												yes	
S	LINDEDIVIN	NAL CAUSE	WAS		228. F	PLACE OF INJURY (e.g., form, factory, street, office	in or obout	22C. WHERE	DID (I	In Baltimo	re City, give en	act locati	on)	10
8	UTING C	AUSE OF DEA				ROAD		460	00 Ma		ene Road	1	P 0-	64
≥	OF INJURY		Doy) (Year			ZE.INJURY OCCURRED		22F. HOW D					1	
	(APPROX.)	11 2	22 70	8:50)p. V	VHILE AT NOT AT W	WHILE YORK	Subjec	CE SI	not by	unknov	vn as	sallan	.t.
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	1650	THE HOME	1	77				CHIEF MEDI						
ľ	ACTUA		Xu	111	1	MULIS	ASS	ISTANT MED			ñ		DATE S	IGNED
	SIGNA		- (100		M.E		OCIATE MEDI					11/	23/70
	NAME		Peter	Lipl		ic, M.D.			ICAL EX	AMINER	D 4		11/	23/10
	A. BURIAL CRE	15. A	248. DATE		24	C. NAME of CEMETERY	or CREMAT	ORY	24D. L	OCATION	(City, tow	n, or co	unty)	(State)
	EMOVAL (Spec	//	11/25	/70	1	Lorraine Pa	rk Ce	m.	Ba	Itim	ore, N	Mary	land	
25	A. DATE REC'I	BY HEALTH	DEPT.	25B. N	IAME	OF REGISTRAR		FUNERAL D	IRECTO	R		ADDRES		
	MOVO	7 1000	On!	6 3	6	0.00	Wa	ters	Fur	neral	Home	Pra	tt&Sti	ricke
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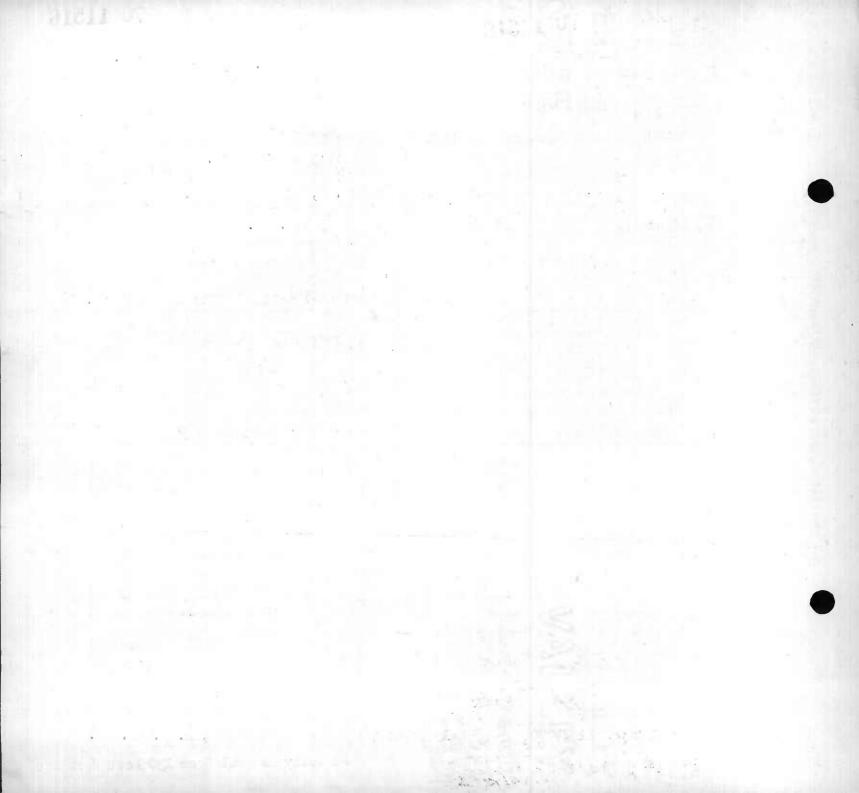
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1. NAME OF D (Type or Print)		arroll	L/ Rehmert	Nov	23, 1970		4 A.
3. PLACE IN B	ALTIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAO	4. USUAL RESIDENCE (WILL A. STATE B. COU	nere deceased lived.	If institution: re:	sidence before admissi
FULL NAME C	F (IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	Maryland		26	-05
HOSPITAL OR	ADDRESS OR LOC	A IION)		C. CITY OR TOWN	D.	INSIDE CITY LIV	
				Baltimore		YESK	NO 🗌
00	1003 Dundalk	4			71. 6		
S. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under	1 Yr. , If Under 24 H
	-				last birthday)	Manlhs	1 Yr. If Under 24 H Days Hours Min.
Male	White	WIDOWED		Sept. 19, 1911	reign country)	12 CITIZ	EN OF WHAT COUNT
done during most	ol working life, even if retired)						
	el Worker	Sh	ip Yard	Balto. Me		U	SA
13. FATHER'S N				14. MOTHER'S MAIDEN N.			
	John C. Reh	mert		Elizab	eth Mc Col		
5. Was Deceas	ed Ever in U. S. Armed Fo wn) (If yes, give wor or dot	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
No			212 10 6679	Mrs. Josephine	e M. Rehme:	rt 1003	Dundalk Av
1B.	-4.11		CAUSE OF DEAT	Н			APPROXIMATE INTERVA
heort foilu	LEADING TO DEATH on on the mode of the ostheria, etc. If means omplication which caused ANTECEDENT CAUSE	dying, e.g., s The disease, d deoth.)		A CONSEQUENCE OF:			31/25
heort foilur injury or co DISEASES rise to	not meon the mode of e, osthenia, etc. It means	dying, e.g., s the disease, d deoth.) S	(B) DUE TO, OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:			31/25
DISEASES rise to UN DERLY! OTHER SIGN TO THE DISEASE OF	on on I mean the mode of e, osthenia, etc. II means omplication which caused ANTECEDENT CAUSE: OR CONDITIONS, if the above cause (A) NG CONDITION tost. II NIFICANT CONDITIONS CONTINUES CONDITION GIVEN IN PACE OF OPERATION 198. CONDITION GIVEN IN PACE OF THE CONDITION GIVEN IN THE CONDITION GIVEN GIV	ony, giving slating lhe ONTRIBUTING IHE TERMINAL RT 1 (A). REFORMED	(B) LELTA DUE TO, OR AS (C) + L WHICH OPERATION	A CONSEQUENCE OF:	older, ale		CONSIDERED
DISEASES rise lo UNDERLYI OTHER SIGI TO THE DE DISEASE OI 19A. DATE OR CONTR DEATH (no	on of mean the mode of the control o	ony, giving slating lhe	(B) LULTA DUE TO, OR AS (C) + L WHICH OPERATION PLACE OF INJURY (e.g., in, form, factory, street, al	A CONSEQUENCE OF:	doler, ale No) 20B. IF YES, W IN CERTIFYING	lower	CONSIDERED SEATH?
DISEASES rise lo UNDERLYI OTHER SIGI TO THE DISEASE OF DISEASE OF DISEASE OF OR CONTR DEATH (no OF INJURY (APPROX.)	onol meon the mode of the constant of the course of the co	ony, giving slating lhe ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR ARFORMED (Hour) 21E.	(B) LULTA (B) DUE TO, OR AS (C) + L WHICH OPERATION PLACE OF INJURY (e.g., in the part of the part	20A. AUTOPSY? (Yes or I	Aloler, ale No) 20B, IF YES, W IN CERTIFYING (If in Bal	ERE FINDINGS CAUSES OF D	CONSIDERED DEATH?
DISEASES rise lo UNDERLYI OTHER SIG TO THE DE DISEASE OF 19 A. DATE 21 A. ACCU OR CONTROL OF INJURY (APPROX.) 22 J. Certi	onol meon the mode of e, osthenia, etc. II means omplication which caused ANTECEDENT CAUSE: OR CONDITIONS, if the above cause (A) NG CONDITION fost. II NIFICANT CONDITION SCO. ATH BUT NOT RELATED TO TO TO THE CONDITION GIVEN IN PACTOR OF OPERATION TO THE CONDITION GIVEN IN PACTOR OF OPERATION TO THE CONDITION GIVEN IN PACTOR OF THE CONDITION GIVEN IN PACTOR OF THE CONDITION GIVEN IN PACTOR OF THE CONDITION GIVEN IN THE CONDITION GIVEN GIN	ony, giving slating the DNTRIBUTING THE TERMINAL RT 1 (A). ONTRIBUTING THE TERMINAL RT 1 (A).	WHICH OPERATION The of the property (e.g., in the property of	20A. AUTOPSY? (Yes or I	Alder, ale No) 20B. IF YES, W IN CERTIFYING (If in Bal NJURY OCCUR? 19 66 ta	ERE FINDINGS CAUSES OF D	CONSIDERED DEATH? exact lacation)
DISEASES rise lo UN DERLYI OTHER SIG TO THE DE DISEASE OF 19 A. DATE 21 A. ACCU OF INJURY (APPROX.) 22 J. Certi DR. Control OF INJURY (APPROX.)	onol meon the mode of e, osthenia, etc. II means omplication which caused ANTECEDENT CAUSE: OR CONDITIONS, if the above cause (A) NG CONDITION fost. II NIFICANT CONDITION SCO. ATH BUT NOT RELATED TO CONDITION GIVEN IN PACTOR OF OPERATION 198. CONDITION GIVEN IN PACTOR OF OPERATION 198. CONDITION GIVEN WAS PELLED TO GO OF THE CONDITION OF OPERATION 198. CONDITION (Month) (Doy) (Year of the condition of the co	ony, giving slating the DNTRIBUTING THE TERMINAL RT 1 (A). ONTRIBUTING THE TERMINAL RT 1 (A).	WHICH OPERATION The of the property (e.g., in the property of	20A. AUTOPSY? (Yes or I	Alder, ale No) 20B. IF YES, W IN CERTIFYING (If in Bal NJURY OCCUR? 19 66 ta	ERE FINDINGS CAUSES OF D	CONSIDERED DEATH? P exact lacation) 3 19 > C h accurred on the c
DISEASES rise lo UNDERLYI OTHER SIGI TO THE DISEASE OF DISEASE OF DISEASE OF OR CONTR DEATH (NO OF INJURY (APPROX.) 22. certi OF INJURY (APPROX.)	onol meon the mode of e, osthenia, etc. II means omplication which caused ANTECEDENT CAUSE: OR CONDITIONS, if the above cause (A) NG CONDITION fost. II NIFICANT CONDITION SCO. ATH BUT NOT RELATED TO CONDITION GIVEN IN PACTOR OF OPERATION 198. CONDITION GIVEN IN PACTOR OF OPERATION 198. CONDITION GIVEN WAS PELLED TO GO OF THE CONDITION OF OPERATION 198. CONDITION (Month) (Doy) (Year of the condition of the co	ony, giving slating the DNTRIBUTING THE TERMINAL RT 1 (A). NOITION FOR AFORMED 21E. Who would be a dive an inted above. (I	WHICH OPERATION CO. L. C.	20A. AUTOPSY? (Yes or I	Alder, ale No) 20B. IF YES, W IN CERTIFYING (If in Bal NJURY OCCUR? 19 66 ta	ERE FINDINGS CAUSES OF D timare City, give	CONSIDERED DEATH? P exact lacation) 3 19 > C h accurred on the c

NOV 27 TO REGISTRAR 250 FUNERAL ADDRESS DIRECTO Mc Cully 130 E. Fort Ave. VS 150-REV. 1/1/68

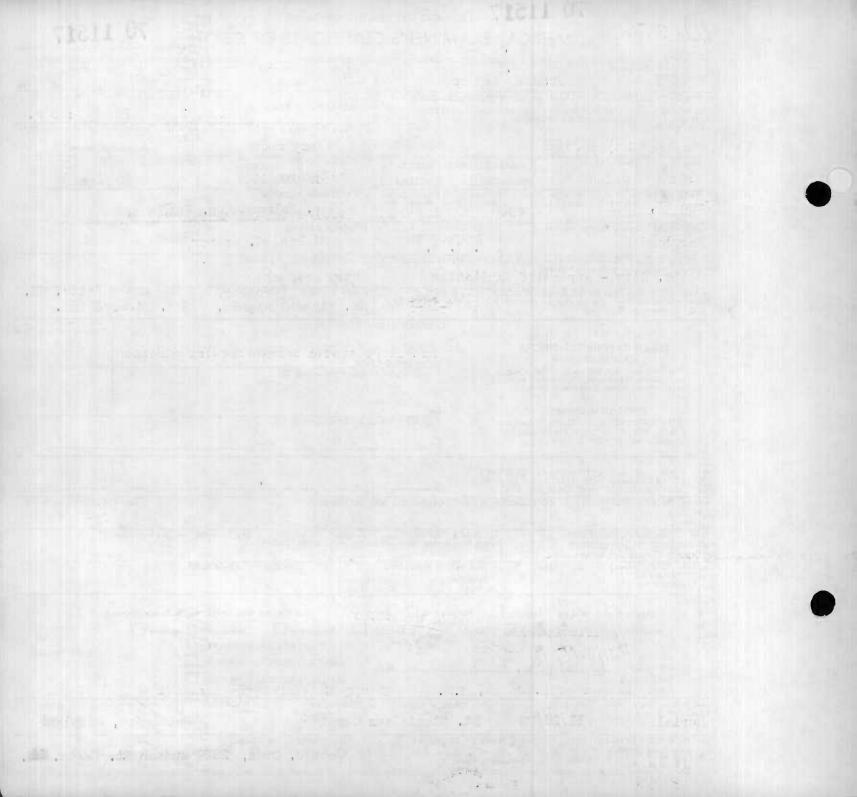


11.		BALTIMO	DRE CITY HEA	TH DEPARTMENT		70 11540
6-46C	70 1	1516 CERTI	IFICATE	OF DEATH	REG. NO	70 11516
1. NAME OF DECE	ASED	Gollar			D HOUR OF DEATH	
	9			Nov.	23, 1970	
3. PLACE IN BALTI	MORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. U A. S1		re deceased lived. If TY	institution; residence before adr
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STE	REET	Maryland		23-03
HOSPITAL OR	ADDRESS OR LOCA	(TION)	C. CI	TY OR TOWN	D. IN	SIDE CITY LIMITS?
South	Reltimore Ger	neral Hospital		Baltimore		YES NO NO
//-	paromore de	rerar nospital	E. 5	REET AND NUMBER	- 01	
4-)			1713 Marshal	9. AGE (In years	If Under 1 Yr. , If Under
5. SEX	. RACE	7. MARRIED NEVER MARI	KIED		fast birthday)	If Under 1 Yr. If Under Manths Days Haurs
Female	White	WIDOWED DIVOR		3, 1894	75	112. CITIZEN OF WHAT CO
done during most af w	arking life, even if retired)		NDOSIKI II. B			
Housewi	fe	At Home		Balto. Md.		USA
13. FATHER'S NAM	E		14. A	OTHER'S MAIDEN NA	ME	
	Unknown S	immons		Josephine	Wroten	
15. Was Deceased	ver in U. S. Armed Far (If yes, give war ar date	ces? 16. SOCIAL		FORMANT		ADDRESS
No	in yes, give war ar date	s of service) SECURITY N 213 54 (chael Gollar	1713 Ma	rshall St.
18.	a sh		OF DEATH			APPROXIMATE INT
(This does no heart failure, o	EADING TO DEATH t mean the made of sthenia, etc. It meons licotian which coused	the disease,	O, OR AS A CON	SEQUENCE OF: DE	Plan	- Days
A	NTECEDENT CAUSES	de	we /	Mon	eder	Boya
	CONDITIONS, if		O OR AS A CO	NSEQUENCE OF		0 4
	obove couse (A)	stofing the	nemi	in from De	Lung	mores
OTTO ETTE TO	11	(9-2-2-	A. Warre & A			
	CANT CONDITIONS CO			V		1994
	BUT NOT RELATED TO T					
		DITION FOR WHICH OPERATI	ON 20	NO No	1) 208. IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?
19 A. DATE OF						
OR CONTRIBU	T WAS UNDERLYING	21B. PLACE OF INJU hame, farm, factory,	URY (e.g., in or a street, affice b	dg., INJURY OCCUR?	(If in Baltim	are City, give exact location)
DEATH (natify	medical examiner)	etc.)				
21 D. TIME OF INJURY	(Manth) (Day) (Year)			21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		While At	Nat While At Wark			
22. I certify	hat (1) (this hasnita) ottended the deceased fr	rom //	egent	19 70 to 11	- 23 19
	ost saw the decease	11 -	23			oinlan deoth occurred on t
23A. SIGNATUI	_	red obave. (+) (We) (did) (d	View f	ne body offer death.		238, DATE SIGNED
	ne lov	Mars UD	Attending	Med.	Staff	11-24-7
1 Col	anac.) Joe	Phys.	Director L	Phys.	111-1
PAME (Ty	pe)		230. 4	DDRESS		
			DEGREE	•		
24A. BURIAL CREA REMOVAL (S		24C. NAME of CEMETE	RY or CREMAT	DRY 24D. L	OCATION	City, tawn, ar eaunty)
Burial	11 27 7	O - Holy Ci	1 1		ooklyn, A.	A. Co. Md.
25A. DATE REC'D		258. NAME OF REGISTRAR	2	C. FUNERAL DIRECTO	2	ADDRESS
MOVOR	TOTAL PLANET	La Ban Deb		Mc Cully Fun	eral Home]	130 East Fort Av

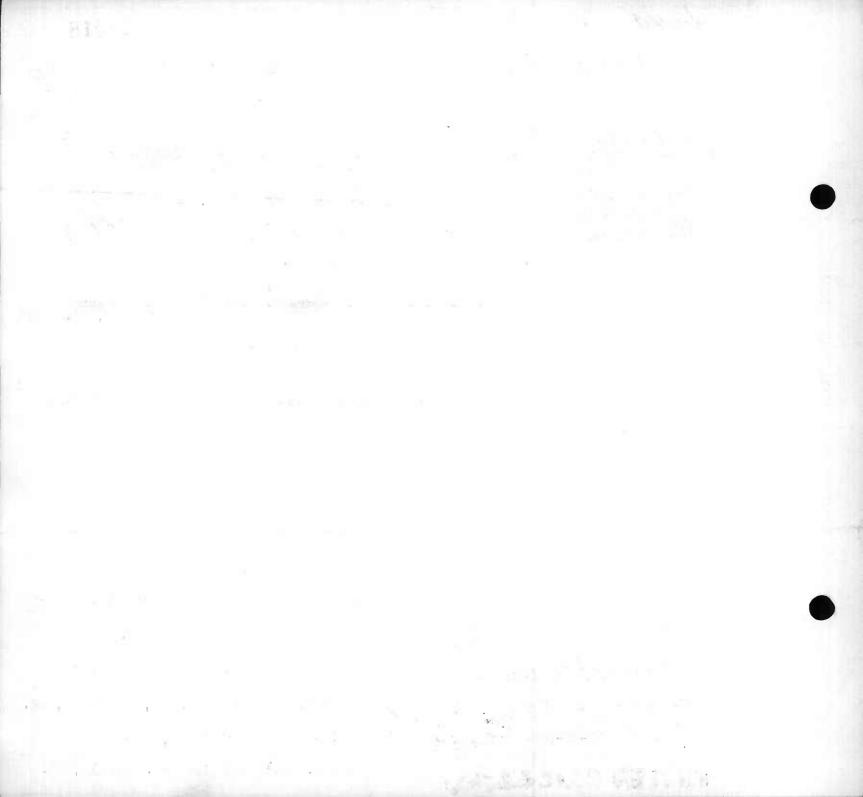


1)			70 1:	151	7 1	BALTIMORE CITY	HEAL	LTH DEPAR	TMENT							
BIRTH	-256	5	MED	ICAL		AMINER'S				OF	DEAT	TH REG.	70	115:	1.7	
I. NA	ME OF DEC	EASED	Fran	w.	Wagn	ner	2	DATE OF DEATH	Knawn		Manth	Day	Yes	or Hou	ır	м.
FULL NA	AME OF AL TITUTION	(IF NO	OT IN HOSPITA	HERE PR L OR INST IION)	ONO	UNCED DEAD N, GIVE STREET	5	PRONOL	INCED DI	EAD	Month 11 deceased	Day 24 lived. If Instit 8. COUN	70 Julian: reside	16	:35	а. м
/ CEV	2	City H	lospi tal		~			C. CITY OR	Maryl	and			1 11	/ -	10	4
ma	le	White		WIDOW	/ED [Balt	imore		Ĕ.	D. INSIL	YES X	NO [′
June	E OF BIRTH	1921	10. AGE (In lost birthdo)			ler I Yr. If Under 24 H s Days Hours 1 M	Ain.		S. Be		d Ave	te No	iphtal.			
	THPLACE (S	tate ar tarei	ign country)			HAT COUNTRY?	1	3. FATHER	s NAME lichae	ol C.	Wagn	er				
done du	UAL OCCUI	PATION (Gi orking life, e Lty —	ve kind of work yen if retired) Bureau	of Sa	OF 81	USINESS OR INDUS	STRY	Mary			IE .					
16. WA	S DECEASI or unknown)	D EVER IN	War or doles	FORCES of service)	215-10-906		8. INFORM				725 S.	ADDRESS		-	Md.
	This does not be at the control of t	LEADING TO the mean the costhenio, et application wh MTECEDENII DE ABOVE CA IG CONDII	e mode of dyl c. Il means the lich coused dec	disease, oth.) GIVING		(A) IMMEDIA DUE TO, (TE CA OR AS	clerot USE A CONSEQ S A CONSEQ	UENCE OF	s ·	vas cu l	ar dis	sease			
	TO THE DEA DISEASE OR	CONDITION	T RELATED TO N GIVEN IN PA	THE TERM	INAL	VHICH OPERATION	WAS	PERFORM	ED				21. A	UTOPSY?	(Yes o	r No)
22A	EXTERI		NTRIB-		228. Pl home,	ACE OF INJURY(e farm, foctory, street, o	office b	or obout 2 oldg., etc.)	2C. WHER	RE DID (il In Boltim	ore City, giv	e exact location			
OF	D. TIME (INJURY PPROX.)		Day) (Year) (Hous			ED. NOT W	HILE	2F. HOW	DID IN	URY OCC	CUR?				
23.		JRE LIKE	held on li	70	7	cident Sui	icide	ASSI	micide [CHIEF ME STANT ME	DICAL E	Indeterm XAMINER XAMINER XAMINER	Ined manr			E SIGN	
	URIAL CREA VAL (Specif	MATION,	248. DATE 11/28/		24C	NAME & CEMETE t. Stanisl	RY or	CREMATO	RY		OCATIO	V (City,	imore,	unty)	(Stat	e)
25A. D	ATE REC'D	BY HEALTH	DEPT.	258 N	AME C	OF REGISTRAR)		UNERAL In J.			9 Huds	ADDRESS		to.	Md.

VS 151-REV. 1/1/68



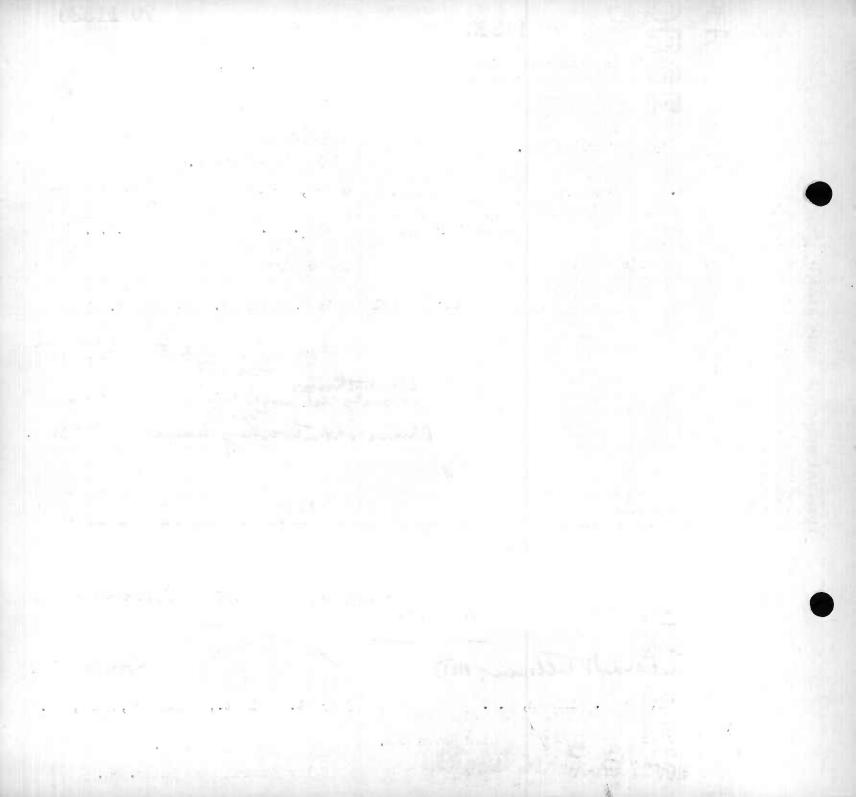
H-640 70 11518		HEALTH DEPARTMENT	V	00 115#6				
SIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	A 11319				
Type or Print) Howard Herl		2. DATE AN	NOV 70	1 200				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE (When	e deceosed lived. If inst	litution: residence before ody ssion				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	ION, GIVE STREET	c. CITY OR TOWN DUNGS	alto Co.	E CITY LIMITS?				
	HOSPITAL	Portumore YES NO X						
Montebello State Hospital		n /	7602 Parkwoo	od Road				
Male Mite WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.				
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF 8 one during most of working life, even if retired)	USINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign	66	12. CITIZEN OF WHAT COUNTR				
Meranic March	Co.	Pauline	re 60.	U.S.A				
George J. Herl		14. MOTHER'S MAIDEN NAM Rose E. Zel						
es, no of unknown) (It yes, give wor of doles of service)	6. SOCIAL SECURITY NO. 112-07-7084	17. INFORMANT Son: Mr. Howard C. I	erl 7602 Pa	ADDRESS rkwood Road Dundalk Md. 2122 APPROXIMATE INTERVAL				
(This does not mean the made of dying, e.g., heart loilure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost.	(B) Plan	atord arthitis a consequence of:	é, chienie	yeara.				
ITO THE DEATH BUT NOT RELATED TO THE TERMINAL (DISEASE OR CONDITION GIVEN IN PART 1 (A).	ICH OPERATION	20A. AUTOPSY? (Yes or No)	20.0 15 Vec 14155 514	***************************************				
WAS PERFORMED	OII OI ERAHON	Mes	208. IF YES, WERE FIN IN CERTIFYING CAUS	ES OF DEATH?				
21A. ACCIDENT WAS UNDERLYING 218. PL	ACE OF INJURY (e.g., in form, foctory, street, offi	or obout 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If In Boltimore (City, give exocl locotion)				
OF INJURY (APPROX) OF INJURY (APPROX) (Month) (Doy) (Yeoi) (Hour) (Hour) 21E, IN While Work	JURY OCCURRED At Work	21 F. HOW DID INJU	RY OCCUR?					
22. I certify that (1) (this hospital) attended the	deceased fram	3-15 19	£310_	11-23 19 78				
that (I) (we) lost sow the deceased alive on	11-23	19 70 and tha	t in (my) (our) apinio	an death accurred an the dat				
and haur ond from the causes stated above. (1) (We) (did) (did nat) vi	ew the bady after death.						
Helm Walirian	Atten Phys.	ding Med. S		11 - 23 - 7				
23A. SIGNATURE HELL Pullenge 23C/PHYSICIAN'S NAME (Type)	DEGREE Phys.	Director L P	haff hys.	11-23-70				
23A. SIGNATURE HELEN Puliaria 23C/PHYSICIAN'S NAME (Type) HECTOR L. FELIC	IANO DEGREE	Director Director DPD. ADDRESS Montebello S	tate Hospita	11-23-70 1, Baltimore, Md.				
23A. SIGNATURE HELD PULLIANS NAME (Type) HECTOR L. FELIC IA. BURIAL CREMATION, 24B. DATE 24C.NAM. REMOVAL (Specify)	DEGREE Phys. 2: AND DEGREE E of CEMETERY of CREAT Cross Polis	Director Dir	tate Hospita	11-23-7cl, Baltimore, Md.				



0 1=4	BALTIMORE CITY	HEALTH DEPARTMENT		MO 44 = 43:
D-630 BIRTH NO. 70 11519	CERTIFICA	TE OF DEATH	REG. NO	70 11519
(Type or Print) SHARRON. Mrs. A	NNA. E	2. DATE A	1317 TEATH	40. PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceosed lived. If i	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	JTION, GIVE STREET	Maryland	Baltimore	GIDE CITY LIMITS?
SCHURCH Home + 6/08/17		Sparrows Poin		YES NO X
5 CHURCH Home & Hospital	AL.	E. STREET AND NUMBER		
		1326 Beechwo	od Road	
Hemale White WIDOWED		2-10-08	9. AGE (In years last birthday)	Il Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.
ioA. USUAL OCCUPATION (Give kind of work 108, KIND OF done during most of working life, even if refired) Housewife	BUSINESS OR INDUSTRY	Pennsylvan		U.S.A.
13. FATHER'S NAME Joseph Heiry		14. MOTHER'S MAIDEN NA	ME	
	1 6. SOCIAL	Laura Bu		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give wer ar doles of service)	SECURITY NO. 219-22-2449	Mr. Edward G.		Beechwood Rd. Baltimore, Md. (21219
DEATH Inofify medical examiner) etc.)	(b) DUE TO, OR AS (C)	SE E Pul 6 A CONSEQUENCE OF: La Occleane of A CONSEQUENCE OF: Sulbluba P 20A. AUTOPSY? (Yes or N NO or about 21 C. WHERE DID ice bidg. INJURY OCCUR?	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
		10/17/20	.191a	19
that (1) (we) last saw the deceased alive an	1 1 - 1 -			nian death accurred an the date
and haur and from the couses stated above. (1)	(We) (did) (did not) vi	ew the body after death.		
mozn.	Atten DEGREE Phys.	ding Med.	Shaff Phys.	11/2 3/2,
23C. PHYSICIAN'S NAME (Type) FIROZYI		3D. ADDRESS Church I	Home & Hospi	tal, Baltimore, Md.
24A. BURIAL CREMATION, 24B. DATE 24C. NAI REMOVAL (Specify)	ME of CEMETERY OF CRE		OCATION (CI	iy, town, or county) (State)
	adowridge Men	orial Park	Dorsey	Maryland
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF		25G FUNERAL DIRECTOR		ADDRESS e. Dundalk, Md.
VS 150-REV. 1/1/68				

Place Tyrania o'ilweare. compared to the second of the

1	7 .10	44		BALTIMORE CITY	HEALTH DEPARTMENT		70 11520
C	フータの	0 70	1152	O CERTIFICA	TE OF DEATH	REG. NO	10 TIORU
	TH NO.	EACED	子子の湯	O CERTIFICA		AND HOUR OF DEATI	
	0.1	ouis Frederic	ck Giles			· 24, 1970	M.
3. P	LACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	JNCED DEAD		here deceased lived, If	institution: residence before odmission)
HO	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Maryland		24-03
INS	NOITUTION					D. IN	YES . NO NO
C	O1436	Riverside Av	7e∙		Baltimore E. STREET AND NUMBER		153
_				<u></u>	1436 Rivers		
5. S	M.	Caucasian	7. MARRIED		Jan 15, 1900	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.
			10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign cauntry)	12. CITIZEN OF WHAT COUNTRY?
	Welder	working life, even if retired)	Coast	Guard Yard	Balto. Md.	14/6	U.S.A.
13.	FATHER'S NA	ΛE			14. MOTHER'S MAIDEN N	AME	
	Norr	is Giles			Ann & Crow]		
15. V (Yes	Nos Deceased , no ar unknown	Ever in U. S. Armed For (If yes, give war or dote	ces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no	no		216 18 9571	Louis F. Gile	es Jr. 210	6th St. 21225
	1B. PISEAS	F OR CONDITION DI	DECTI V	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		LEADING TO DEATH	KECILY		- Carolina - asil	a la cartent	mo and
		al mean the made af		(A) IMMEDIATE CAU	A CONSEQUENCE OF:	as occurre	2 years
		asthenia, etc. 11 means plication which caused		a. l	2 of . A.	SUVI	· ·
		ANTECEDENT CAUSES		Com	and may	lestrin	3+12011
	DISEASES C	R CONDITIONS, if	any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	SCVD	gears
	rise to the	abave cause (A) G CONDITION last.		(c) Chronic	obstuctive	lung diseas	e 10+ years
		- 11				4	4
o O		ICANT CONDITIONS CO		X			
ATI	DISEASE OR C	H BUT NOT RELATED TO T ONDITION GIVEN IN PAR	T 1 (A).	·			
CERTIFIC ATION	19A. DATE OF	OPERATION 198. CON WAS PER		WHICH OPERATION	20A. AUTOPSY? (Yes or		E FINDINGS CONSIDERED AUSES OF DEATH?
	OR CONTRIBL	T WAS UNDERLYING	ham	e, form, factory, street, af	or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Baltime	are City, give exact location)
		medical examiner	100				
MEDIC	21 D. TIME OF INJURY	(Manth) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?	
<	(APPROX.)		Whi	ile At Not While	· 🗆 🖟	2	1
	22. I certify	that (1) (this haspita	l) attended t	he deceased from D	cember	19 58 to OR	putember 1969.
		lost sow the decease		November 1	0 19 69 and		pinion death occurred on the date
	-				iew the body ofter death		The deline december on the delic
	23A. SIGNATU		led opdae. (i) (we) (ala) (ala hor) v	rew the body offer deoff	1.	23 B, DATE SIGNED
	10 1 4	· OhTO	7	Atte	nding Med.	Staff	Name As a Francis
	23 C. PHYSICIA	N'S	man,	DEGREE Phys	Director L	Phys. \square	1 overwer 1970
	NAME (T		n 16 D		2025 41 4		07.07.0
24A	Richa BURIAL CREATER REMOVAL	MATION, 24B. DATE	24C. NA	DEGREE	3035 St. Pal MATORY 24D.	Location (City, town, or county) (Stote)
	Burial	11/28/	70 G16	en Haven Cem.		Da744	
25A	. DATE REC'D			DER CHARAR	250. FUNERAL DIRECT	Baltimore Mo	ADDRESS
	HOV 25	THE CASE	E WE		4.	eral Home Ba	
VS	150-REV. 1/1/6	5 B					



1	7 116 70	44500	BALTIMORE CITY	HEALTH DEPARTMENT	-	70 44504
BIRTH	H NO.	11521	CERTIFICA	TE OF DEATH		70 11531
(Туре	SEBRA	LEWELLY	N		25-70	1 9 30 A
3. PL.	ACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNC	CED DEAD	4. USUAL RESIDENCE (When	e deceosed lived, if ins	titution: residence belgra admission
FULL HOSE INSTI	L NAME OF (IF NOT IN HOS) PITAL OR ADDRESS OR LO	TTAL OR INSTITUTION	ON, GIVE STREET	3501 PEL	HAM AV	E 26-33
5	O. BALTO. GEN	. HOSP.		SALTO. E. STREET AND NUMBER	nd.	YES NO [
	3001 So. HADOU BALTO. MD. 21				LHAM A	VE -
5. SEX	6. RACE		NEVER MARRIED DIVORCED	8. DATE OF BIRTH	AGE (In years last birthday)	II Under 1 Yr. II Under 24 H Months Doys Hours Min.
10A, U	USUAL OCCUPATION (Give kind of w	ork 108, KIND OF BU		11. BIRTHPLACE (Stote or foreign	OZI on country)	12. CITIZEN OF WHAT COUNT
done d	during most of working life, even if retired Chauffeur)	r Co.		Carolina	USA
13. FA	ATHER'S NAME			14. MOTHER'S MAIDEN NAM	AE	1
	Joseph Sebra			Unknown Unkn	own	
S. Wo	os Deceased Ever in U. S. Armed in orunknown) (If yes, give wor or d	orces? 16.	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			Mr. Lewellyn R.	Sebra 3035	Matthew St.
18	8. 188X I		CAUSE OF DEATH	H	20 :	APPROXIMATE INTERVAL
	DISEASE OR CONDITION I		Metar	stable Ca E	Stadder	· / Year
11	LEADING TO DEAT	dving e.g.	(A) IMMEDIATE CAU	JSE	***************************************	1 year
h	reort failure, asthenio, etc. Il mear	is the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		7
10	njury at camplication which cause					
	ANTECEDENT CAUS		(B)		-4/10/1200	
ni:	DISEASES OR CONDITIONS, if ise to the abave cause (A	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
U	INDERLYING CONDITION last.		(c)	************************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
,	11					
E ITO	THER SIGNIFICANT CONDITIONS CONTINUES TO THE DEATH BUT NOT RELATED TO	THE TERMINAL				
Y DI	ISEASE OR CONDITION GIVEN IN PARTIES OF OPERATION 198. CO	RT 1 (A).	CH OPERATION	20A. AUTOPSY? (Yos or No)	200 IS VES 111-5-	NOING CONCIDENT
RTIE	WAS PI	RFORMED	UN OFEKAHUN	***** WA IOL214 (102 of 1/0)	IN CERTIFYING CAU	SES OF DEATH?
CAL CE	ISEASE OR CONDITION GIVEN IN P. PA. DATE OF OPERATION 198. CO WAS PI 1A. ACCIDENT WAS UNDERLYING PR CONTRIBUTING CAUSE OF EATH (notify medical examined) 10-YIME (Month) (Day) (Yea	21B. PLA home, lo	CE OF INJURY (e.g., in orm, foctory, street, of	n or obout 21C. WHERE DID	(if In Boltimoro	City, give exact location)
WED 21	ID. TIME (Month) (Day) (Yeo) (Hour) 21E INJ	URY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
> 1	APPROX.)	While A Work	Not While	° 0 11 10	-	11-90-
22	2. I certify that (1) (this hospit	al) attended the d		11-18 1	70 10	10/6
	nat (1) (we) last saw the decea		11-20	19 70 and the	tin(my) (aur) onini	an death accurred an the d
	nd have and from the causes st		Widid (did not)		· ···/···// (doi/ opini	an could decoured du lus d
	BA. SIGNATURE	1	(did (did flat) V	iem the bady after death.	i i	23& DATE SIGNED
	Varah	Vorassa	DEGNIE	Director Last F	hys	11-21-70
	NAME (Type) VARAH	VORASUB	IN, M.D.	South Balt	6. Gen. Ho	sp. Balto Mi
24A. 8	BURIAL CREMATION, 248, DATE	24C. NAME	of CEMETERY of CRE	MATORY 24D LO	CATION (City	Comment of the commen
1	KENIOVAL (Specify)	70				, flown, or county) (Stole)
25.	Burial 11 28	70	Glen Haven	Gle	n Burnie, A.	A. Co. Md.
25A. E	Burial 11 28	25B. NAME OF RI	Glen Haven	Gles	n Burnie, A.	

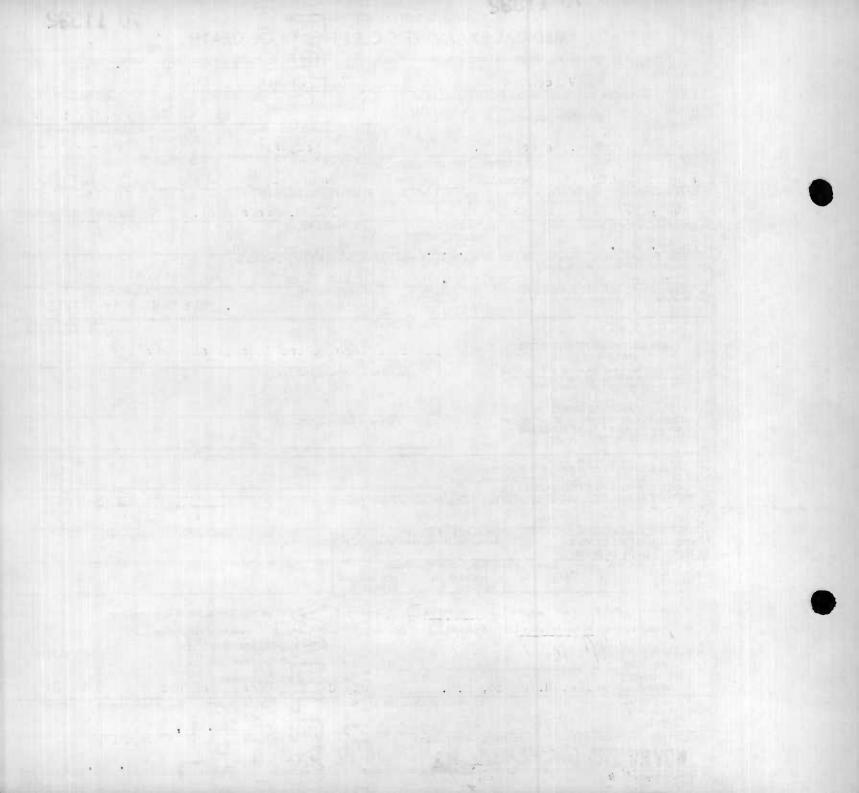
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BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.		MEL	ICAL	EXAMII	YEK 3	LEKTIFI	CATE OF	DEAL	REG. NO.		
1. NAME O	F DECEASED					2. DATE	Known 🗵	Month	Doy	Year	Hnur
(Type or Prin	nt)	Vince	nt Re	ed		OF DEATH	Estimated		50,	1001	
4. PLACE II	N BALTIMORE, A				EAD	3. DATE		Month	Day	Year	Hour
FULL NAME	OF (IF N	OT IN HOSPITA	AL OR INST	TUTION, GIVE ST	REET	PRONOI	UNCED DEAD	11	24	70	1:30 a M
OR INSTITUTI	ON 202		ilony			5. USUAL R	ESIDENCE (Whe				efore admission)
00		E. Ran	dall :	St.		A. STATE	Maryland		B. COUNTY	24	- 14
6. SEX	7. RACE	H. Kan		ED NEVER /	AA DDIED	C. CITY OR	-		ID. INSIDE CI	TY LIMITS?	- 07
male	White		WIDOW		VORCED [Re	ltimore		115		. \Box
9. DATE OF		10. AGE (II	veors	If Under 1 Yr. If I			ND NUMBER		YE	S 24 1	40 L
Oct 7	,1907	lasi birthda	63	Months Days	Hours Min.		2 E. Ran	do 11 C+			
	ACE(State or fore	ign country)		2. CITIZEN OF		13. FATHER		Jall St	•		
	. Md.			WHAT COU							
	OCCUPATION (G	ive kind of work	14B, KIND	OF BUSINESS	OR INDUSTRY	Georgian	S MAIDEN NA	eed			
done during m	ost of working life,	even if relired)									
Opera	CEASED EVER IN	U.S. ARMED	FORCES?	Sit Co.	i.	Ella 18. INFORM			AF	DRESS	
(Yes, no or un	known) (If yes, give	war or dates	of service)	SECUR	ITY NO.	Vince		Jr. 39	41 Dudle		21213
NO 119.	16 11				07 9004 USE OF DEA		110 11000	026 37	42 3002	<u> </u>	ROXIMATE INTERVAL
7	12,41			CA	USE OF DEA	in					EN ONSET AND DEATH
D	ISEASE OR CON LEADING 1		CTLY				c cardio	vascula	r diseas	se	
(This c	loes not mean the	mode of dv	Ing. e.g.	(A)	IMMEDIATE C	AS A CONSEQ	UENCE OF				
neart 1	ollure, asthenia, e or complication wi	ic. It means the	disease.		DOE 10, OK	AS A CONSEQ	DENCE OF				
DISEA	ANTECEDEN			(B)	OUE TO OR	AS A CONSEC	NIELIOS OS				
RISE T	SES OR CONDIT	AUSE (A) STAT	ING THE		DOE 10, OK	AS A CONSEC	MENCE OF				
Z	RLYING CONDI	HON LASI.		(c)							
E CTUS	SIGNIFICATION OF	11									
O TO TH	SIGNIFICANT CO	T RELATED TO	THE TERMIL	NAL							
	SE OR CONDITION			OB WHICH OR	EDATION! W	C DEDECORM	FD				A /V N. N.
E C	or or expire		omoti F	OR WINCH OF	EKAHON W	13 PERFURM	ED			no	SY? (Yes or No)
₹ 22A. F	XTERNAL CAUSE	E WAS	12	OR DI ACE OF 1	NIIIDV/	In an about 2	C WHERE DID	After Delucies	. 614		
UNDER	YING OR COL	VTRIB-	ĥ	ome, farm, factor	y, street, office	bldg., etc.)	UURY OCCUR?	fit to ballimot	e City, give exac	t location)	
₩ UTING U	CAUSE OF DE	ATH. (Day) (Year	\ (Va)	Ing thisten	OCCURRED		of Howels in				
OF INJU	RY	(DON) (1801) (Hour)	WHILE AT		WHILE []	2F. HOW DID IN	IJURY OCCU	IKI		
23.	•1		F	n. WORK	AT W	ORK					
	certify that 1	held on 1	nquiry [Inspectio	n V Au	topsy 🔲	and that on t	hie haete	death in my	-1-1	
	esulted from		—	Aceldent					_		
		7 4.04	105	A CONTROLLE	SUICIO		micide L		ed manner	1	
	TUAL /	X Mes	11	(/4			HIEF MEDICAL		H		DATE SIGNED
	MINER'S	7		*>	M.D	•	TANT MEDICAL				
	ME (Type) We	rner U.	Spit	Z. M.D.	De	pu't v Ch	ciate Medical	EXAMINER Cal Exa	miner	9.	/24/70
24A. BURIAL	CREMATION,			24C. NAME of				LOCATION	(City, lawn,		(State)
REMOVAL	(Specify)	11/27/	70							,	(
	EC'D BY HEALTH		1 -	ME OF REGIST	thedral	. Cem	UNERAL DIRECT	Balto.		DRECC	
MA	LOS GOTTO	000	0.2	0 660	Un	1 0	E 0 /			DRESS	
- A-(1)	LEG BILL	VESCH	E 48	COCK PER		Mc	Jully Fun	eral Ho	me Bal	to. Md	
VS 151-REV.	1/1/68										

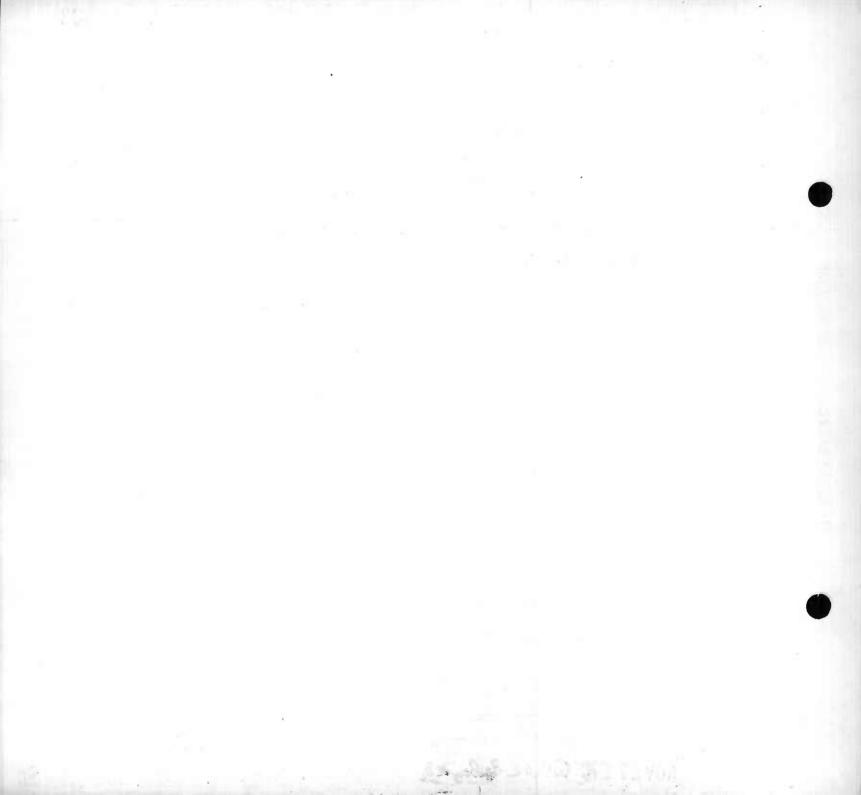


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DIRECTOR:

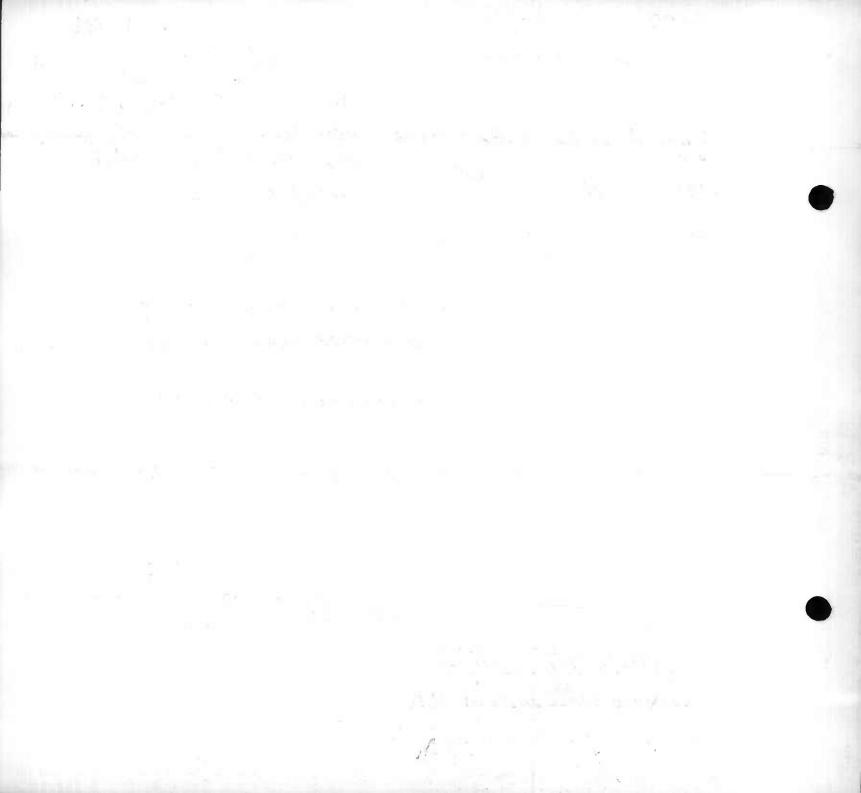
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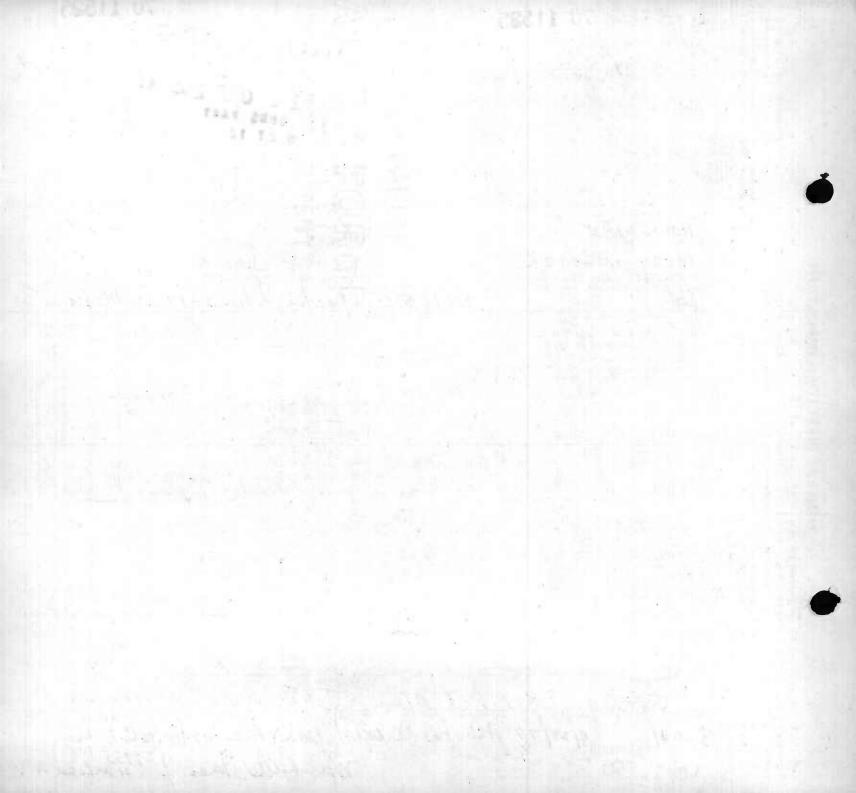
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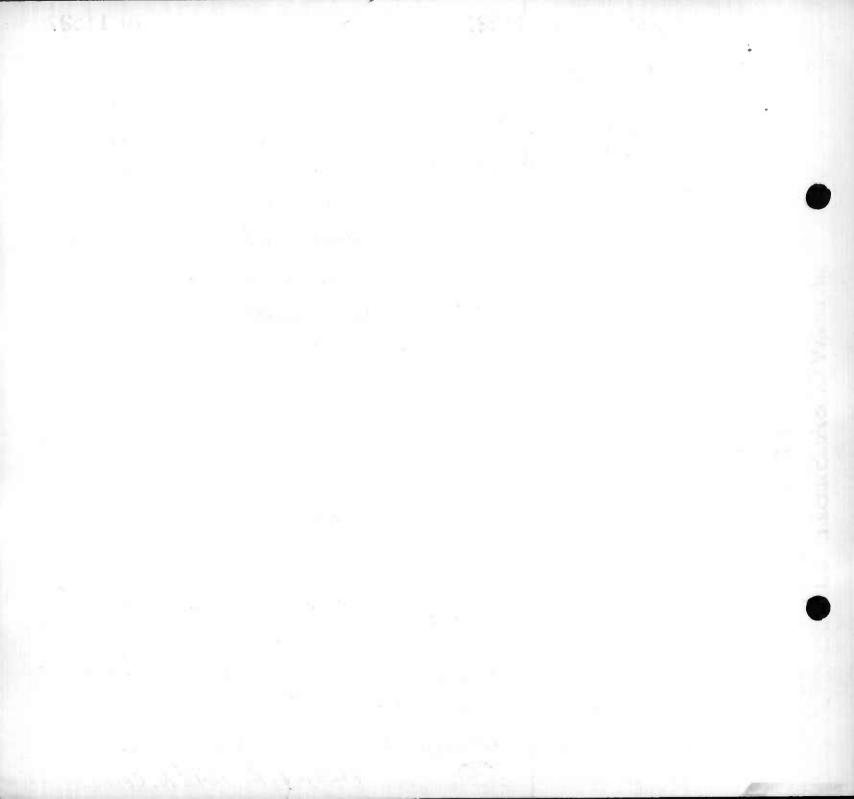
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FUNERAL





mental and the state of the sta



ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C).

20A. DATE OF OPERATION 120B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (it in Bolttmore City, give exact location) home, farm, lactory, street, office bldg., etc.) INJURY OCCUR? 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) 22F. HOW DID INJURY OCCUR? (Year) (Hour) 22E.INJURY OCCURRED OF INJURY WHILE AT NOT WHILE (APPROX.) 23.

Cancer of Lung

I certify that I held an	Inquiry Inspection	X Autopsy	and that an th	his basis, death in my opinion
resulted from: Natural	causes X Accident	Suicide Ha	micide 🔲	Undetermined manner
	11/1/1	/	HIEF MEDICAL E	EXAMINER .
ACTUAL /	01/1/1/1	Accie	TABIT MEDICAL S	VAMINED X

DATE SIGNED

(Stote)

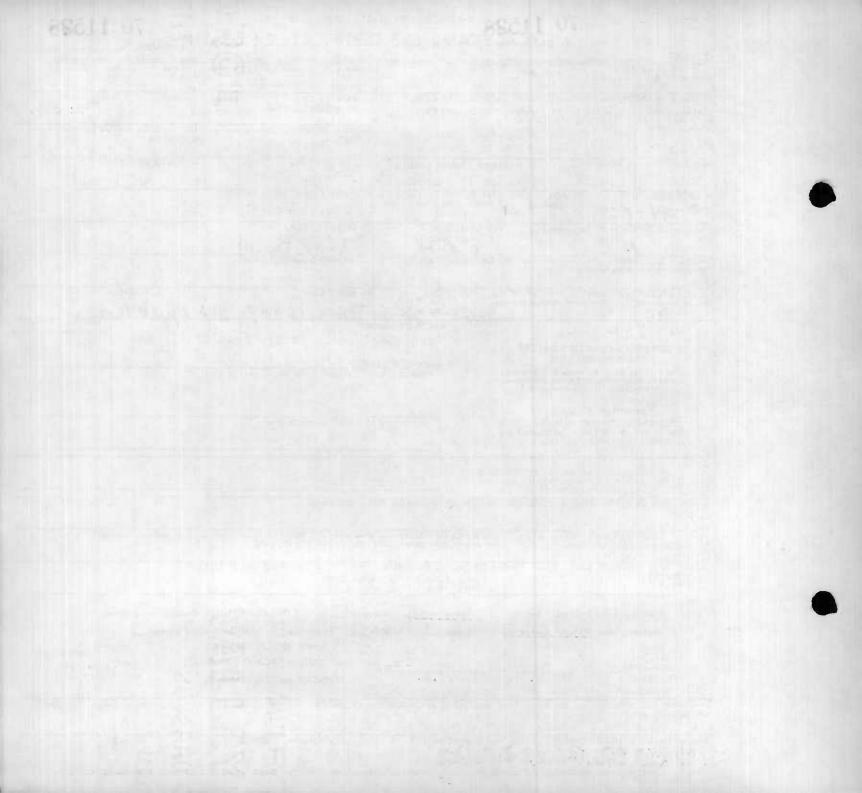
11/25/70

SIGNATURE_/ EXAMINER'S Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER NAME (Type) 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)

REMOVAL (Specify) 25C. FUNERAL DIRECTOR & BAILE 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR **ADDRESS**

VS 151-REV. 1/1/68

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)-



5-53	() 70	11529	BALTIMORE CITY	HEALTH DE	PARTMENT		17	0 42 ===
BIRTH NO.	0 /0	TIDAG	CERTIFICA	TE OF	DEATH	REG. NO.		0 11539
I. NAME OF DECE	ASED							
(Type or Print)	DEDMICE	Q. STA	ID A ALL	NILTI		ND HOUR OF DEA		
3. PLACE IN BALT	IMORE, MARYLAND, W	COC- O //1/	YBACK S	MITH	NOVI	EMBER 24,	1970	6:30p
	THE PERSON NAMED OF THE PE	V NEKE PRONOUNC	ED DEAD	A. STATE	B. COUL	re deceased lived. I TY	f institution:	residence before odmission
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT ADDRESS OR LOC.	AL OR INSTITUTIO	N. GIVE STREET	MAT	RYLAND			17-12
NSTITUTION				C. CITY OR T	OWN	D. 1	NSIDE CITY	LIMITS?
20	PROVIDENT	' HOSPITAL		BATIT	IMORE		YES X	_
) 7	1514 DIVI	SION STR	EET	E. STREET A	ND NUMBER			,
	BALTIMORE	. MARYLAI	VD 21217	740	DOLPHIN	STREET		
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF		9. AGE (In years	11111-4	. 1 %
FEMALE	BLACK	WIDOWED				lost birthdov)	Months	er 1 Yr. II Under 24 Hrs. Doys Hours Min.
OA. USUAL OCCU	PATION (Give kind of work	MIDOMED .	DIVORCED	5-20-	25	49		
one during most of we	orking life, even il retired)	TOUR KIND OF BU.	DIMESS OR IMPOSIKE	II. BIRTHPLA	CE (Stote or lore	ign country)	12. Cf	IZEN OF WHAT COUNTR
Unempl	oved			NODMI	I CAROLI	'NT A	77	CA
13. FATHER'S NAM	E			14. MOTHER	S MAIDEN NA	ME]_U	.S.A.
	0	1100						
S. Was Dannard	ver in U. S. Armed For	IICK	-	ALICA	= RED	DICK		
(Yes, no of unknown)	iver in U. S. Armed For If yes, give wor or dote		SOCIAL SECURITY NO.	17. INFORMA	NT		0 1.141	ST, N.ED. C
NO			14-34-3726	MARTI	HT WIT	2014- K20	(14"	, Ot, N.E A. C
18.		12	CAUSE OF DEATH	LENET	PLERSO	N/DAU. 1	521 N	APPLETON ST
DISFASE	OR CONDITION DIR	ECTLY		P		1 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	EADING TO DEATH	RECILI		Trans	MIN	PIANLAN.	1	2
IThis does not	mean the mode of	dving, e.g.,	(A) IMMEDIATE CAU		viuc e	wusen	Q	
nearl failure, as	sthenia, etc. It means	the disease.	DUE TO, OR AS A	CONSEQUEN	CE OF:			
	icalian which caused	death.)						
	NTECEDENT CAUSES		(R)					
DISEASES OR	CONDITIONS, if	any, giving	(B)DUE TO, OR AS	CONSEQUE	NCE OF:	***********		******************
UNDERLYING	abave cause (A) CONDITION last.	stating the						
			(C)			**************		
Z OTHER SIGNATURE		. Contract of	1 =	4	2			
E I TO THE DEATH	ANT CONDITIONS CONBUT NOT RELATED TO TH	IE TEDMINIAL	Venlic	umia	(10 dawn
DISEASE OR COL	NDITION GIVEN IN PART	7 1 (A).	114	3.2	***************************************			
19A. DATE OF O	PERATION 198 CONT	ORMED	H OPERATION	20A. AUTO	PSY? (Yes or No	20B. IF YES, WER	E FINDINGS	CONSIDERED
)	W	OCKIIFIING C	AUSES UP	DEATH
. OR CONTRIBUTI	WAS UNDERLYING NG CAUSE OF	21 B. PLA	CE OF INJURY (e.g., in rm, foctory, street, olfi	ar obout 21C.	WHERE DID	(If In Boltim	ore City, giv	re exocl focotion)
DEATH (notily m	edicol examiner)	() etc.)	, rocioty, sincey on	ce 01034 1143 0	KI OCCOR			
	Month) (Doy) (Year)	(Hour) 21E INTE	JRY OCCURRED	21 8	ILNI DID WOH	Inv o cours		
21D. TIME (/ OF INJURY (APPROX)		While At	NAI WEIL	215.	ונאו פוט אסר	JKT OCCUR?		
(AFPROX)		Work	Not White					
22. I certify th		attended the de			4. 1	9 70 to NOV	EMRED	24. 10 70
	at (1) (this hospital)					10 41 V	44444	19_/_
	at (I) (this hospital)						******	
that (I) (we) la	st saw the deceased	d alive on NOV	EMBER 24,	19 70	and the	it in (my) (aur) a	******	th accurred an the dat
that (I) (we) la	st saw the deceased	d alive on NOV	EMBER 24,	19 70	and the	t In (my) (aur) a	******	th accurred an the dat
that (I) (we) la	st saw the deceased	d alive on NOV	EMBER 24,	19 <u>70</u> w the bady	and the	it in(my) (aur) a	pinian dea	th accurred an the dat
that (I) (we) la	st saw the deceased	d alive on NOV	EMBER 24, b) (did) (did not) via	19 70	and the		pinian dea	
and haur and f	ram the causes state	d alive on NOV	EMBER 24, e) (did) (did not) vid	19 70 ew the bady	and the	it In(my) (aur) a	pinian dea	
and haur and f	ram the causes state	d alive on NOV	EMBER 24, e) (did) (did not) vid	19 70	and the		pinian dea	
and haur and f 23A. SIGNATURE 23C. PHYSICIAN: NAME (Type	ram the causes state	d alive on NOV	EMBER 24, b) (did) (did not) vio	19 70 ew the bady	and the		pinian dea	
and haur and f 23A. SIGNATURE 23C. PHYSICIAM: NAME (Typs	ram the causes state	d alive on NOV	EMBER 24, e) (did) (did not) vid	19_70 we the bady ding D. ADDRESS	and the after death. Med. Director	Shoff D Phys. D	23B, DAT	TA C
and haur and f 23A. SIGNATURE 23C. PHYSICIAN NAME (Type	ram the causes state S ATION, 24B, DATE city)	d alive on NOV ed above. (I) (We D / D 24C.NAME	e) (did) (did not) vio	19_70 we the bady ding D. ADDRESS	and the after death. Med. Director	Shoff Dhys. Q	pinian dea	-28-70 TAC
and haur and f 23A. SIGNATURE 23C. PHYSICIAN: NAME, (Typs VENE 24A. BURIAL CREMA REMOVAL (Spe	ram the causes state ATION, 24B, DATE City) 11-28-4	DIO 24C. NAME 70 ARB	EMBER 24, a) (did) (did not) vio DEGREE Phys. M. D. DEGREE DI CEMETERY OF CREA	19 70 we the bady ling D. ADDRESS AATORY	and the after death. Med. Director D	Shoff D Phys. D	23B, DAT	TAC (Store)
and haur and f 23A. SIGNATURE 23C. PHYSICIAN: NAME, (Typs VEN E 24A. BURIAL CREMA REMOVAL (Spe	ram the causes state ATION, 24B, DATE City) 11-28-4	DIO 24C. NAME 70 ARB	e) (did) (did not) vio	19 70 we the bady ling D. ADDRESS NATORY	and the after death. Med. Director	CATION (CATION CATION C	23B, DAT	TAC TO COUNTY) (Stote) ADDRESS
and haur and f 23A. SIGNATURE 23C. PHYSICIAN: NAME, (Type VEN L 4A. BURIAL CREMA REMOVAL (Spe	ram the causes state ATION, 24B, DATE City) 11-28-4	DIO 24C. NAME 70 ARB	EMBER 24, a) (did) (did not) vio DEGREE Phys. M. D. DEGREE DI CEMETERY OF CREA	19 70 we the bady ling D. ADDRESS AATORY	and the after death. Med. Director	Shoff Dhys. Q	23B, DAT	TAC (Store)

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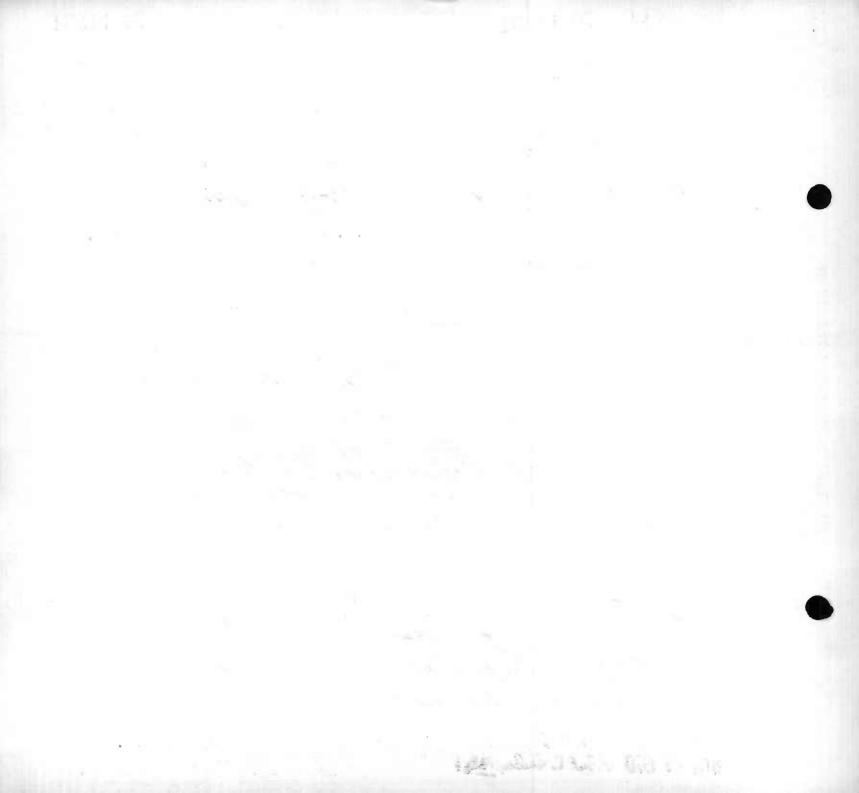
FUNERAL DIRECTOR: IMPORTANT

	TH NO.	-		CERTITIC	ATE OF DEATH		
	AME OF DEC	MARI	ES	VOHNSON		AND HOUR OF DEA	9.41
FU L HO IN S	LL NAME OF	ADDRESS OR L	SPITAL OR IN	STITUTION, GIVE STREET	4. USUAL RESIDENCE (WA. STATE B. CO	UNTY	If institution: residence before admi
0,	Lineo	In Thu	sing /	fonië	E. STREET AND NUMBER	Last St	
5. S	Male	6. RACE	7- MARRI	ED NEVER MARRIED	- 1 1 01	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Months Days Hours N
done	PAINTE	vorking life, even if reti		OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or for	ND	12. CITIZEN OF WHAT COL
13.	FATHER'S NAM	ΛĒ			14. MOTHER'S MAIDEN N	IAME	
1S. V {Yes	Was Deceased s, no or unknown	(If yes, give war or	d Forces? dates of service		17. INFORMANT	107-0 -	ADDRESS
	18. 4///			216-05-4270 CAUSE OF DE	ATH EMMA SHO	DRTER -	APPROXIMATE INTER
	(This daes n hearl failure, injury ar cam	E OR CONDITION LEADING TO DEA as Ihenia, elc. Il m plication which can	ATH e of dying, e eans the diseo used death.) JSES	(8) ALTE	AS A CONSEQUENCE OF: KINSELE KOTEN		RETION LAK 215 EHSE
NO	(This does not heart failure, injury or came of the ca	LEADING TO DEA at mean the made asthenia, etc. It m plication which can ANTECEDENT CAL BR CONDITIONS, abave cause G CONDITION last	ATH and dying, and deans the disease death.) JSES if any, giv (A) stating CONTRIBUTIN	(B) DUE 10, OR	AS A CONSEQUENCE OF: KNSCLEKOTKU AS A CONSEQUENCE OF:		
ATIO	(This does not heart failure, injury or come of the composition of the	LEADING TO DEA at mean the made asthenia, etc. It m plication which can ANTECEDENT CAL BR CONDITIONS, abave cause G CONDITION last IL CANT CONDITIONS H BUT NOT RELATED DONDITION [1798. IN OPERATION [1798.	ATH e of dying, of eans the disecused death.) JSES if any, giv (A) stating . CONTRIBUTING TO THE TERMING PART 1 (A).	(B) DUE 10, OR	AS A CONSEQUENCE OF: KNSCLEKOTKU AS A CONSEQUENCE OF:	(AR WOVASCU	
AL CERTIFICATIO	(This does in heart failure, injury or cam DISEASES Comise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C. 19A-DATE OF 21A. ACCIDEN OR CONTRIBU	LEADING TO DEA at mean the made asthenia, etc. It m plication which can ANTECEDENT CAL BR CONDITIONS, abave cause G CONDITION last IL CANT CONDITIONS H BUT NOT RELATED DONDITION [1798. IN OPERATION [1798.	ath a of dying, of eans the disecused death.) JSES if any, giv (A) stating . CONTRIBUTING THE TERMING THE TERM	ing (B) DUE 10, OR (B) DUE 10, OR (C)	AS A CONSEQUENCE OF: KINSELEKOTKE AS A CONSEQUENCE OF:	AL DIOVASCUA	MR DISENSE
DICAL CERTIFICATIO	(This does in heart failure, injury or cam DISEASES Comise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C. 19A-DATE OF 21A. ACCIDEN OR CONTRIBU	LEADING TO DEA at mean the made asthenia, etc. It me plication which can ANTECEDENT CAL ANTECEDENT CAL ANTECEDENT CAL BR CONDITIONS, abave cause G CONDITION lost H BUT NOT RELATED DNDITION GIVEN IN OPERATION 1985, WAS IT WAS UNDERLYIN TING CAUSE OF	ath a of dying, of ears the disecused death.) JSES if any, giv (A) stating . CONTRIBUTING TO THE TERMING I PART 1 (A). CONDITION FOR PERFORMED	ing DUE TO, OR (B) DUE TO, OR (B) DUE TO, OR (C) DUE TO, OR AL DR WHICH OPERATION 21B. PLACE OF INJURY (e., home, form, foctory, street, howe, form, foctory, foctory, street, howe, form, foctory,	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: 20 A. AUTOPSY? (Yes or office bldg., INJURY OCCUR?) 21 F. HOW DID I	No) 20B. IF YES, WE IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATIO	(This does in heart failure, in jury ar cam DISEASES Of tise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C. 19A. DATE OF 21A. ACCIDER OR CONTRIBUTED FATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	LEADING TO DEA at mean the made asthenia, etc. It me plication which can ANTECEDENT CAL BR CONDITIONS, above cause G CONDITION last ILLIANT CONDITIONS H BUT NOT RELATED DONDITION GIVEN IN OPERATION 198. WAS IT WAS UNDERLYIN TING CAUSE OF medical examiner) (Month) (Day) (1) that (1) (this has lost saw the dec-	ATH e of dying, of ears the diser used death.) JSES if any, giv (A) stating CONTRIBUTIN TO THE TERMIN I PART 1 (A). CONDITION FOR PERFORMED Year) (Hour) pitol) ottender ecosed clive of	ing DUE TO, OR (B) DUE TO, OR (B) DUE TO, OR (C) DUE TO, OR (C) DUE TO, OR (C) DUE TO, OR (D) DUE TO, OR (D) DUE TO, OR (E) DUE TO, OR (D) DUE TO, OR (D) DUE TO, OR (D) DUE TO, OR (E) DUE TO, OR (D) DUE TO, OR	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: 20 A. AUTOPSY? (Yes or office bldg., INJURY OCCUR? 21 F. HOW DID I	No) 20B. IF YES, WE IN CERTIFYING (If in Bolti NJURY OCCUR?	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATIO	(This does in heart failure, in jury ar cam heart failure, in jury ar cam DISEASES or crise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR CONTRIBUTED OR CONTRIBUTED OR CONTRIBUTED OR CONTRIBUTED OF INJURY (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22 L certify that (I) (we) and haur and 23A. SIGNATURE.	LEADING TO DEA at mean the made asthenia, etc. It me plication which can ANTECEDENT CAL BY CONDITIONS, above cause GONDITION last ILLIANT CONDITION BY BY CANT CONDITION GIVEN IN OPERATION 19B. WAS IT WAS UNDERLYIP TING CAUSE OF medical examiner) (Month) (Day) (Y) that (I) (this has lost saw the decourses	ATH e of dying, of ears the diser used death.) JSES if any, giv (A) stating CONTRIBUTIN TO THE TERMIN I PART 1 (A). CONDITION FOR PERFORMED Year) (Hour) pitol) ottender ecosed clive of	Ing DUE TO, OR WHICH OPERATION 21B. PLACE OF INJURY (e. home, form, foctory, street, etc.) 21E. INJURY OCCURRED White At Detailed the deceased from Due of the deceased from Due (I) (No) did) (did not the deceased from Due (II)	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or office bldg., INJURY OCCUR? 21F. HOW DID I	No) 20B. IF YES, WE IN CERTIFYING (If in Bolting that in (my) (our) h.	ERE FINDINGS CONSIDERED CAUSES OF DEATH? Imore City, give exact location)
MEDICAL CERTIFICATIO	(This does in heart failure, injury or came of the control of the DEAT DISEASE OR CONTRIBUTION OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur one came of the control of the c	LEADING TO DEA at mean the made astheria, etc. It me plication which can ANTECEDENT CAL BY CONDITIONS, abave cause BY CONDITION last ILLIANT CONDITION BY HEATTON 198, WAS IT WAS UNDERLYIN TING CAUSE OF medical examiner) (Month) (Day) (Yes) that (1) (this has lost saw the decouses	ATH e of dying, or ears the diserused death.) JSES if any, giv (A) stating CONTRIBUTIN TO THE TERMIN I PART 1 (A). CONDITION FOR PERFORMED Vear) (Hour) pitol) ottender eosed olive or stated above	ing DUE TO, OR DUE TO,	AS A CONSEQUENCE OF: LINSELE LOTTE AS A CONSEQUENCE OF: 20 A. AUTOPSY? (Yes or office bldg., INJURY OCCUR? 21 F. HOW DID IINJURY OCCUR? 22 F. HOW DID IINJURY OCCUR? 23 D. ADDRESS 23 D. ADDRESS 23 D. ADDRESS 23 D. ADDRESS 24 D. ADDRESS 25 D. ADDRESS 26 D. ADDRESS 26 D. ADDRESS 27 D. ADDRESS 28 D. ADDRESS 29 D. ADDRESS 20 D. ADDRESS 21 D. ADDRESS 22 D. ADDRESS 24 D. ADDRESS 25 D. ADDRESS 26 D. ADDRESS 27 D. ADDRESS 28 D. ADDRESS	No) 20B. IF YES, WE IN CERTIFYING (If in Bolting that in (my) (our) h.	ere FINDINGS CONSIDERED CAUSES OF DEATH? imore City, give exact location) opinion death occurred on the

Beste more Lineals Housing theme Her Whiteless St 0 1-21-52 OF Z.5A. Markey Januaring Marcine and Francisco 1001 Open Terry His Horr. 1.

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1/2	4-520 70 1153	BALTIMORE CITY	HEALTH DEPARTMENT		MO 43 - 0 -
	TH NO.	1 CERTIFICA	TE OF DEATH	REG. NO	70 11531
	Pe of Print HINES A	RTHUR	2. DATE AN	D HOUR OF DEATH	1:55 0
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE		4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admission)
HO	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	3022 Pens	non Ave.	ACT : 2A H 15 DE CITY LIMITS?
14	12 Sinai Hos Belfi	pital g	Ba Ammere E. STREET AND NUMBER		YES NO NO
Ĺ	/	more-	5022 Denmore	Ave.	27-98
5. S	M Regroid WID	RRIED NEVER MARRIED OWED DIVORCED	7-25-15	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
done	USUAL OCCUPATION (Give kind of work 108, Ki	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
			N.C 215A		20GA
13. (FATHER'S NAME John Hores		14. MOTHER'S MAIDEN NAM	AE	
15, V (Yes,	Was Deceased Ever in U.S. Armed Farces? ,no or unknown! (If yes, give wor or dotes of se	16. SOCIAL SECURITY NO.	17. INFORMANT HINGE	3 - 1 - 1	ADDRESS To Some on along
	18. /// C C - 1 // 2 4	CAUSE OF DEATH	11 9 11000	-daughte	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		- //		RETWEEN ONCEY AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAU	SE myocara	ed inforde	ion pold of recent
1 1	(This does not mean the made at dying, heart failure, asthenia, etc. It means the di	e.g., DUE TO, OR AS	CONSEQUENCE OF:	11	in fold of recent
	injury ar camplication which caused death.	a	reunderde	Meane de	sease
	ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:	**********************	
	DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION tast.	giving Due 10, Ok AS the (C)	A CONSEQUENCE OF:	~~~~~	
E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS TO THE TERM TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 [A].	TING /	the Ryperson	hole; Halego	reng night hing?
ERTIFIC,	19A-DATE OF OPERATION 19A CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSYT(Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED
CALC	21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medicol examiner)	21B PLACE OF INJURY (e.g., in home, form, factory, street, off elc.)	or obout 21 C. WHERE DID	(II In Baltimare	City, give exect location)
3	21D-TIME (Month) (Doyl (Yead (Houd OF INJURY (APPROX.)	While At Not While Work At Work	21F. HOW DID INJU	RY OCCUR?	
2	22. I certify that 🖨 (this hospital) atten		16	70 10 /	-24 1970
	that 6 (we) last sow the deceased olive			, X	Ion death occurred on the date
- 1	and hour and from the couses stated abo			- in Mary (and abili	coom occured on the dote
2	23A, SIGNATURE				23 B. DATE SIGNED
		ches Hornes Phys.	ding Med.	hys.	11242
1	23C. PHYSICIAN'S NAME (Typel Rate LES	Victizia no	SD. ADDRESS	Nossing.	9 Baltomere
24A.	BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City	, town, or county) (State)
	Burial 11/26/70	Church Cemete	rv	shington,	N.C.
25A.	2 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	AME OF REGISTRAR	ZSC FUNERAL DIRECTOR Kelson F.H.	V. Bailey	ADDRESS Lhoun St.
VS 1	50-REV. 1/1/68				

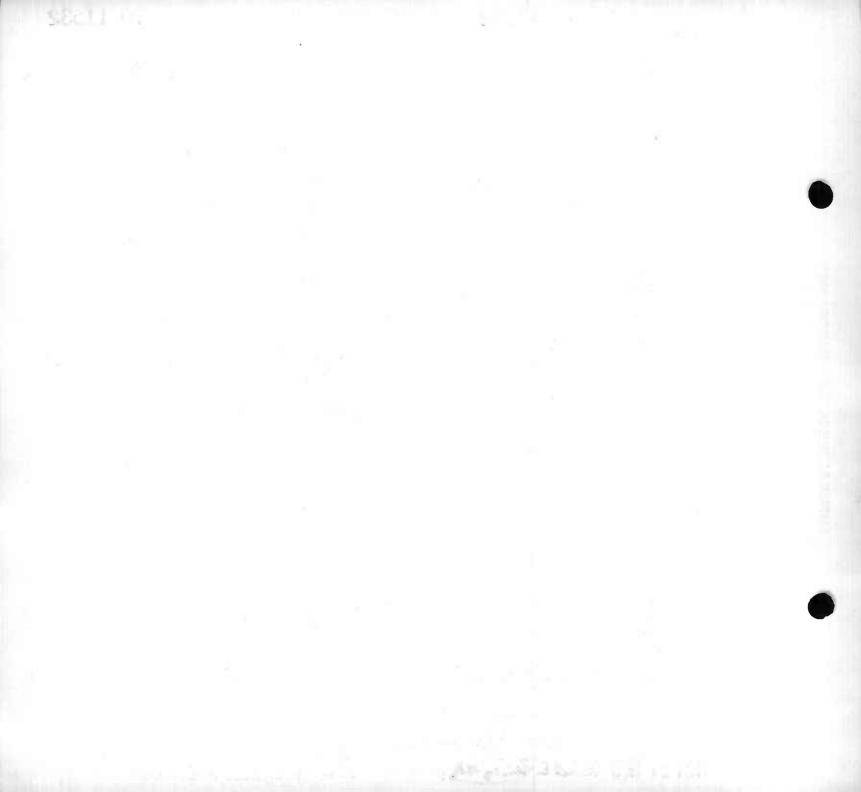


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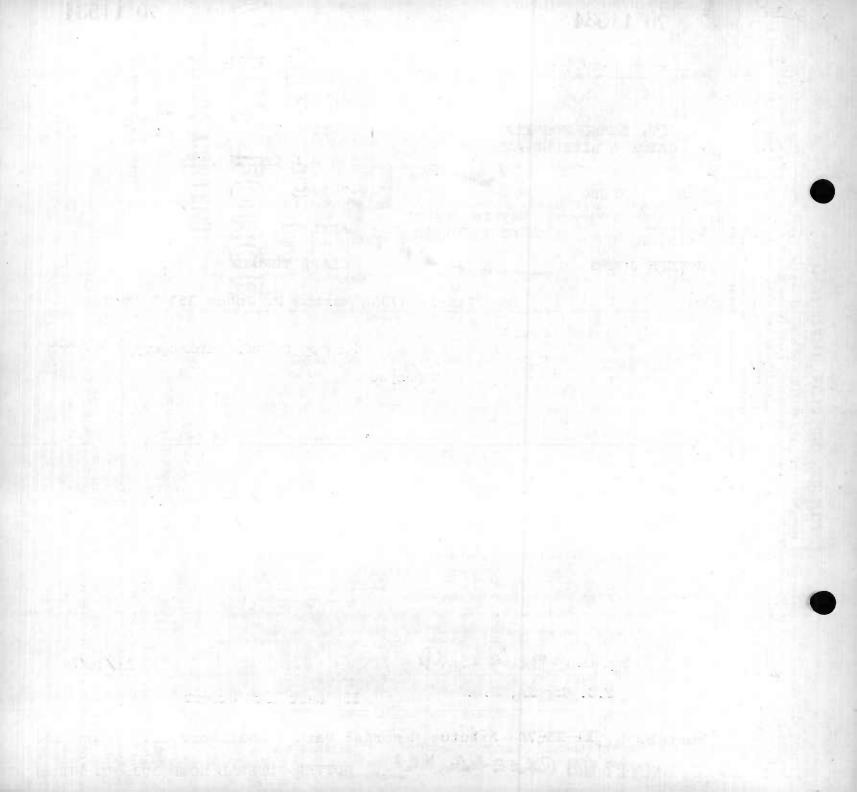
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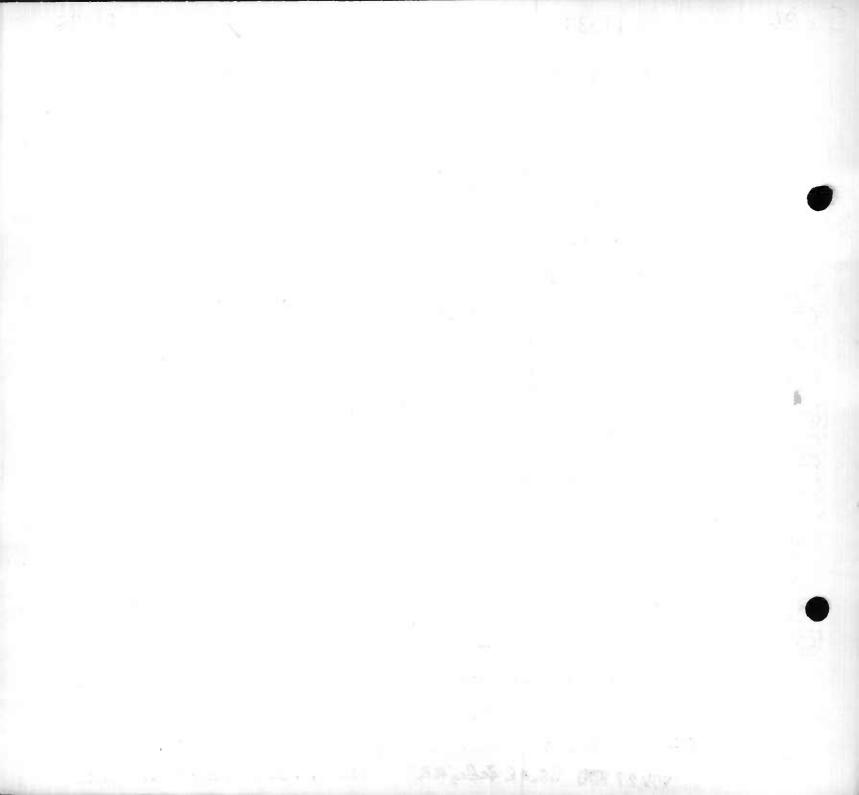
1/ -2 70 11533 BALTIMORE CITY HE	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 11533
I. NAME OF DECEASED	In the same of the
(Type or Print) Kenneth Henson	OF Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 11 24 70 9:15 a. M.
2132 Mt. Royal Terrace	5. USUAL RESIDENCE (Where deceased lived. # Institution: residence before admission) A. STATE Maryland A. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male colored WIDOWED DIVORCED	Baltimore YES NO
9. DATE OF BIRTH 10. AGE (In years lost birthday) 8-23-07 10. AGE (In years lost birthday) Months, Days, Hours, Min.	E. STREET AND NUMBER 2132 Mt. Royal Terr.
II. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Penna.	Asbury Henson
IAA. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
Laborer	Marion Brown
(Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
Yes WWII CAUSE OF DEA	Mrs. Ruth Henson 2132 Mt Royal Terr.
303,2	SETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	AURE Chronic alcoholism
(This does not mean the mode of dying, e.g.,	AUSE CHICHTE ALCOHOLISH S A CONSEQUENCE OF:
heart foilure, osthenia, etc. It means the disease, injury or complication which coused deoth.)	
ANTECEDENT CAUSES (0)	
	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
	no
UTING ☐ CAUSE OF DEATH.	in or obout 22C. WHERE DID (If in Baltimore City, give exact location) bidg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED.	22F. HOW DID INJURY OCCUR?
m. WORK ATW	WHILE CORK
l certify that i held on inquiry inspection X Aut	
resulted fram: Natural causes X Accident Suicid	Homicide Undetermined manner C
ACTUAL WYWYYY / /Cg	ACCISTANT MEDICAL EVANINED TO DATE SIGNED
SIGNATURE M.D. M.D.	
NAME (Type) Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Examiner 11/24/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 11-28-70 Mt Auburn Co	emetery Balto., Md.
25A, DATE REC'D BY HEALTH DERT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS Wm C March 928 E. North Ave.
VS 151-REV. 1/1/68	IIII O MATCH 350 E. NOITH AVE.

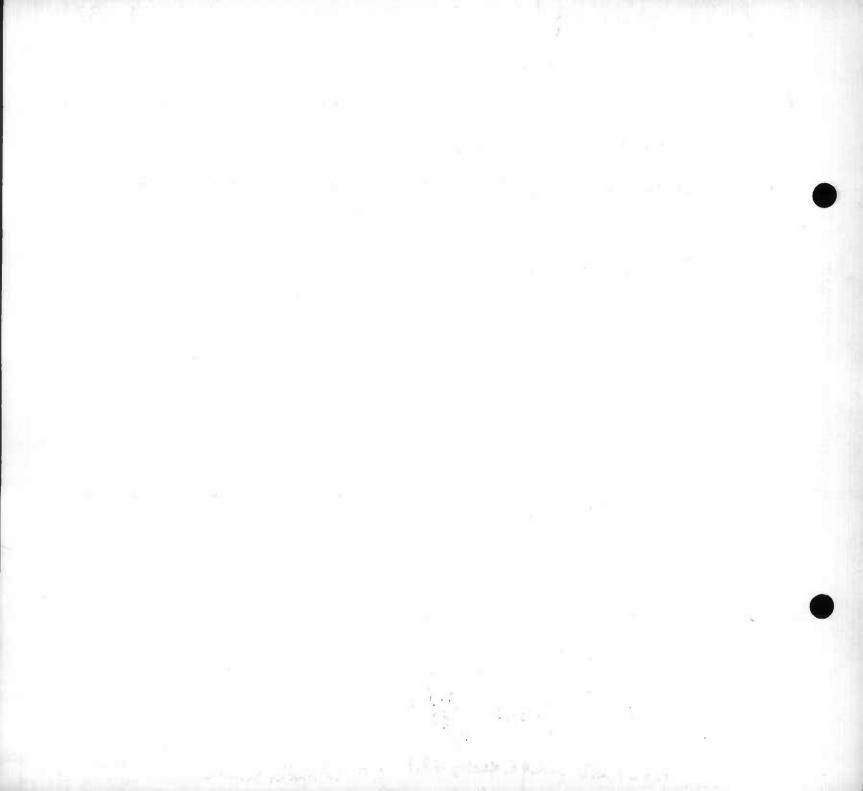
25211 07 THE ENGAL ON DELY HOUSE COST , AND Sortal Clarence Vt amount Conterry Colores.



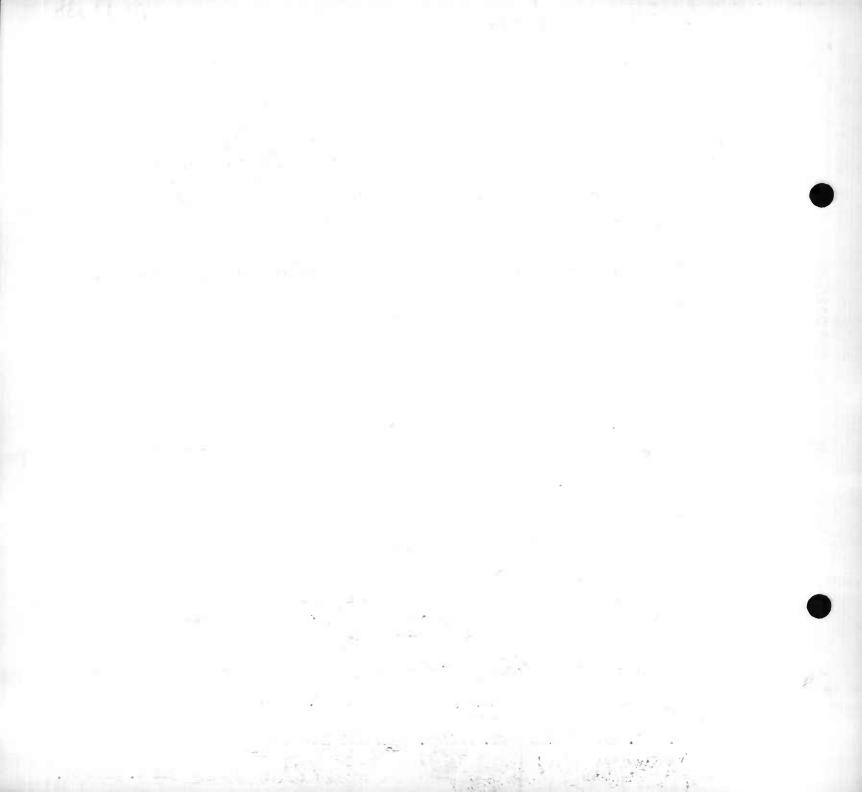
	70 1:	1535			HEALTH DEPARTMENT	, V REC NO	70 11535
	TH NO.			CERTIFICA	TE OF DEATH	KEG, NO.	
	NAME OF DEC	HOKE	, HENRY	r REE		AND HOUR OF DEATH	70 2:20A
3.	PLACE IN BALT	IMORE MARYLAND, W	HERE PRONOU	IN CED DEAD	IIA. STATE & CO	YINU	stitution: residence before admission)
FU HO	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	MD , HC	WARD C	63-00 DE CITY LIMITS?
	ST	AGNES HOSP	ITAL		COLUMBIA		YES NO
4	O WIL	KENS & CATO	ON AVES	1229	5537 GREEN		IRCLE
5.	MALE	6. RACE WHITE	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
don E	USUAL OCCU	PATION (Give kind of wark vorking life, even if refired) UBLISHER		BUSINESS OR INDUSTRY	MARYLAND	foreign country)	12. CITIZEN OF WHAT COUNTRY
_	FATHER'S NAA				14. MOTHER'S MAIDEN	NAME	
		CHARLES			SARA REE	D	
(Ye	s, no or unknown)	Ever in U. S. Armed Ford (If yes, give wer or date:	es? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1	10				2 ST AGNES	RECORDS	
		E OR CONDITION DIR	ECTLY	CAUSE OF DEATH	monay emb	rolism + lubon	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does no heart foilure,	of mean the mode of asthenia, etc. It means	the disease,	DUE TO, OR AS	CONSEQUENCE OF:	_	
		plication which caused NTECEDENT CAUSES	deoth.)	from ruptum of	amuryon a	graft of abd.	anta lina
		R CONDITIONS, if	inv. aivina	(8)	A CONSEQUENCE OF:	70	************
	rise to the	above couse (A) CONDITION last.	sloting the	(c)	<u> </u>	***************************************	
CERTIFICATION	ITO THE DEATH	CANT CONDITIONS CON BUT NOT RELATED TO THE DIDDITION GIVEN IN PART	E TERMINAL	Chr	onic reval	disease	
ERTIFIC	11.18		ORMED Cypthic	abdominal and	20A. AUTOPSY? (Yes or	IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
Ξ.	IOR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examiner	21B, I home etc.)	PLACE OF INJURY (e.g., in farm, foctory, street, old	or obout 21C. WHERE DID	(If In Boltimore	City, give exact location)
MEDICAL	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yearl	While	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
	22. 1 certify	that V() (this hospital)	Work		VEMBER 18	_1970_ to NOVE	MBER 22, 19 70.
	that (1) (we)	last saw the decease	d alive an	OVEMBER 22	19 <u>70</u> and	that in (my (aur) apin	Ion death accurred on the date
	and haur and 23A. SIGNATUI	from the causes state	ed abave. XIX	(Me) (q1q) (Me) (AM)	ew the bady after deat		
		J. M	mosembr	On Affer Phys	ding Med.	Staff Phys.	4 - 22) 0.
		rs desada	MAKI	650 MBUT MD	ST. Agner to	Com. Ball	to ma.
24/	REMOVAL (S	MATION, 248, DATE	1	ME OI CEMETERY O CRE		LOCATION (City	, lawn, or county) (State)
C	PCHATICA	Nov- 25,19	100 Lo	ydon PARK	6	BALTIMORE M	PARYLAND
254	L DATE REC'D		SARE A	REGISTRAR	DECLEMENT PARTY	OR' FUNCEAL H	1.0.0.000
V¢.	150-REV. 1/1/6				1 (11,11)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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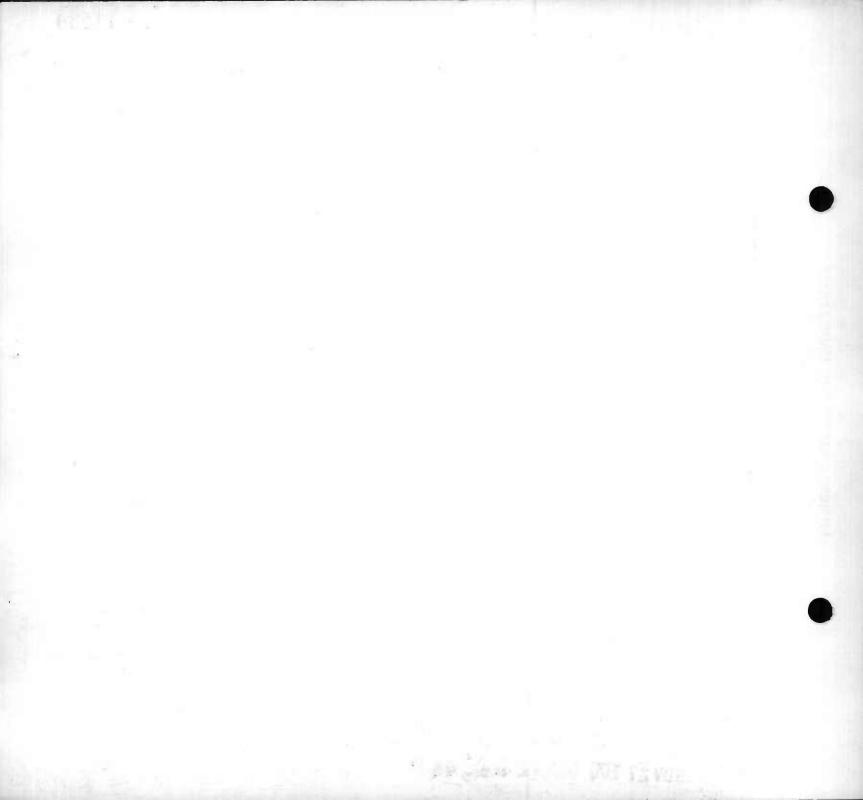




4	0-621	70	11538		HEALTH DEPARTMENT	REG. NO.	70 11538
The same	RTH NO.			CERTIFICA	TE OF DEATH		
	Pe or Print	EASED LIZABE	774	POR310	2. DATE AN	26 70	1:45 PM
3.		TIMORE MARYLAND		UNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If institu	ulion: residence before admission)
FL	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HO	SPITAL OR INSTIT	TUTION, GIVE STREET	###### NEW JE	RSEI	1-27
II.	TNION	MEMOR	2,AL	HOSPITAL	E. STREET AND NUMBER	The state of	ES NO DE AVE
					######################################	######################################	######################################
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED			Under 1 Yr. If Under 24 His.
	1-	W	WIDOWED		14-01-72	/	rous Min.
da	ne during most of v	JPATION (Give kind of working life, even if retir SEW IFE	work 10B, KIND O		11. BIRTHPLACE (State or foreign	es = 4	2. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAM	AE .	ENTITE		14. MOTHER'S MAIDEN NAM		0 3 / 1
		1	/// . DD###	T DI IMA			
15	Was Decembed	Ever in U. S. Armed	farrar2		# ##### ##############################	######################################	JOSEPHINE ?
(Ye	s, no at unknawn)	(If yes, give wer or	dotes of servicel	SECURITY NO.	17. INFORMANT		ADDRESS
	Mo			7	MEDICAL	Rece Rp	
	18.4/2	, 41		CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OF CONDITION LEADING TO DEA	DIRECTLY		P 1 1 1		
		ol mean the mode		(A) IMMEDIATE CAL	ISE CVA		35 pags
	hearl failure,	aslhenia, etc. il me	ans the disease.	DUE TO, OR AS	A CONSEQUENCE OF:		(
		plication which cau					
1		INTECEDENT CAU		(B)	ASCVO.		
	DISEASES O	R CONDITIONS,	ii any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING	abave cause (A) sloling the	(c)	INTHUZEBRI	HE BLOOD	
		II II		(0/			
O	OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTING				
ATI	DISEASE OR CO	H BUT NOT RELATED TONDITION GIVEN IN	O THE TERMINAL PART 1 (A).	*******************	*****************		*******************************
ERTIFIC,	19A-DATE OF	OPERATION 198. C	ONDITION FOR PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FINE	DINGS CONSIDERED S OF DEATH?
ERI	po p	le			- 10		**************************************
CAL C	OR CONTRIBU	T WAS UNDERLYIN TING CAUSE OF medical axamined		ne, form, factory, streat, al	ar obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(II in Baltimare C	ity, give exact lacation)
MEDI	21D. TIME OF INJURY	(Manth) (Dayl (Ye		INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
ξ	(APPROX.)		Wi	ile Al Nat While			
	22. Leartify	shae XVI (shie hoen		he deceased from		9700	1/26 1970
				11/26		/	n death accurred on the date
	and hour and	fram the causes	stated above. (1) (WE) (did) (did-not) v	iew the bady after death.	•	
	23A. SIGNATUI					23	B. DATE SIGNED
	Les	te 6	Ton	DL.	nding Med.	Staff Phys.	11/26/20
	23C. PHYSICIAI	N'S	7-0-00	PLOKEL	23D. ADDRESS	Phys.	11/02/10
	NAME (Ty	= 57EK,	A. K	ozin mo	1110011	Em. RING	160
24/	A. BURIAL CREA	MATION, 248 DATE	-	AME of CEMETERY OF CRE			awn, ar county) (State)
	DEC Te	t. IS70 BUI	RTAT. Mm	. OLIVET. BI			
25/		BY HEALTH DEPT.		DE REGISTRAR	OOMFIELD NEW JEF	RSEY	ADDRESS
	NOVS	27 1970 (2		Ben Ald	1940	1 222	S. HIGH ST.
VS	150-REV. 1/1/6	7 10 0			Jean Mille	Mark JEC	D. HEUH DI.



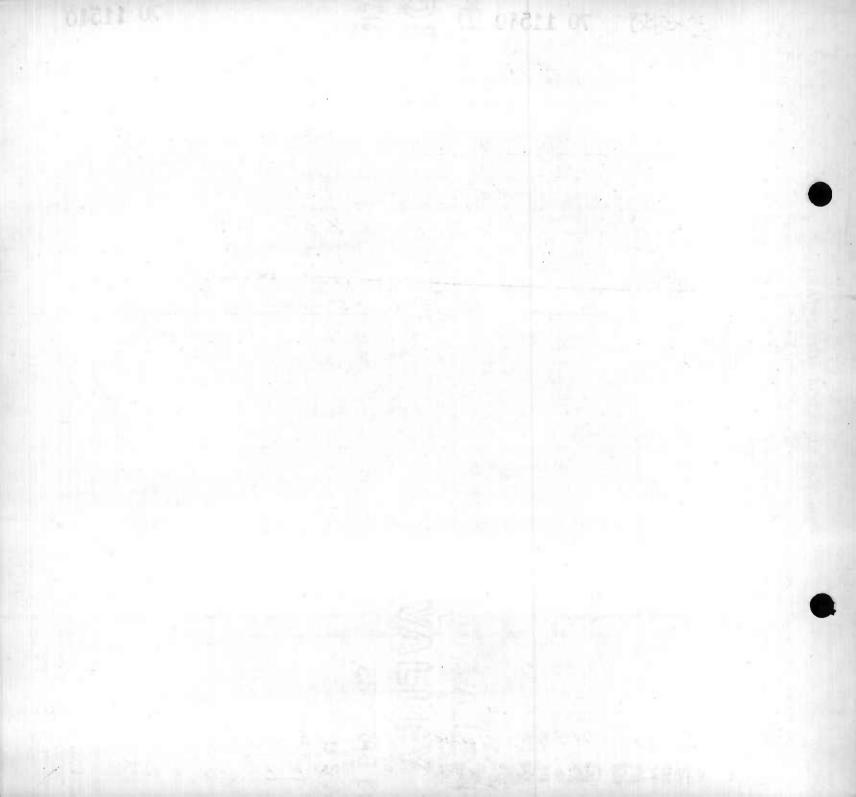
M-1/00 70 11530 BALTIMORE CITY HEALTH DEPARTMENT 70 11539	
11-400 70 11539 CERTIFICATE OF DEATH REG. NO. 70 11539	
1. NAME OF DECEASED (Type or Print) TERESA M. MILIO 2. DATE AND HOUR OF DEATH 11 125 70 9.24	t Pu
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, Il institution: residence before of the proposed lived). It is stitution to be a state of the proposed lived in the proposed lived. It is stitution to be a state of the proposed lived. It is stitution to be a state of the proposed lived.	dmission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET M)	6
INSTITUTION D. INSIDE CITY LIMITS?	
MERCY Hospital Isalimore VES NO NO	
912 Easteen Avenue	
	r 24 Hrs Min.
WIDOWED DIVORCED 09 20 79 76	1411199
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT (4 4 4 4 4 5 6 6 6 7 7 7 8 7 9 7 9 7 9 7 10 7 11 12 12 13 13 14 15 16 17 17 18 19 19 19 10 10 11 12 13 14 15 15 16 17 17 18 19 19 19 10 10 11 12 13 14 15 16 17 17 18 19 19 19 19 10 10 11 12 13 14 15 16 17 17 18 19 19 19 10 10 10 10 11 12 13 14 15 16 17 17 18 18 19 19 19 10 1	OUNTR
3. FATHER'S NAME	
Dominic Bruno Anna Frotantuona 5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) Ilf yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. Daughlee Same as Rbo	
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS	
Yes, no or unknown) Ill yes, give wor or dotes of services SECURITY NO. Daughles Same as about	ve
18. CAUSE OF DEATH APPROXIMATE IN BETWEEN ONSET A	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH LEADING TO DEATH LEADING TO DEATH	AD DEAL
(A)MMEDIATE CAUSE	
heart failure, asthenia, etc. It means the disease,	
ANTECEDENT CAUSES Non Inicular Libeillation	
DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last. (B) Venhicular fibrillation (B) DUE TO, OR AS A CONSEQUENCE OF: (C) September 1 Tisbetes mellitus	?
z 11	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
S DISEASE OR CONDITION GIVEN IN PART 1 (A).	
194. Date of Operation 195. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, affice bldg, INJURY OCCUR? etc.) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, affice bldg, INJURY OCCUR?	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21E. HOW DID INJURY OCCURRED	
OF INJURY While At Not White Work At Work	
22. I certify that (I) (this hospital) attended the deceased from 1 2 4 19 70 to 11 2 5 19	70
17 min 17	
that (i) (we) last saw the deceased clive on 9.24 pm 11/2519 ond that in (my) (our) apinion death occurred on and hour and from the causes stated above. (i) (We) (did) (did not) view the body after death.	ine dat
23A. SIGNATURE	
22hing bose Attending Med. Stoff 11/25/70	
23C. PHYSICIAN'S NAME (Type) PRATIMA BOSE 23D. ADDRESS Melay to spital.	,
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)	(Stote)
REMOVAL (Specify) 11-28-70 Holy Redeemen Balto Mol	,-10101
25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAS 25C. FUNERAL DIRECTOR ADDRESS	111
VS 150-REV, 1/1/6B	1 soft



BY

NON-MED

RELEASED



and

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Vin:						
1 - 45 C		70 115	CERTIFICA	TE OF DEATH		
NAME OF DE				2. DATE	AND HOUR OF DEA	TH
		VIE KELLMAN		NOVE	MBER 21, 19	70 6:20 A.
. PLACE IN BA	LTIMORE, MAR	LAND, WHERE PRO	DNOUNCED DEAD	A. STATE B. CO	Where deceosed lived. I DUNTY	If institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)				MARY LAND	D. II	NSIDE CITY LIMITS?
BELVEDE	ERE MURSI	ING HOME		BALTIMORE E. STREET AND NUMBER	R	YES NO
70				3609 LABY	RINTH ROAD,	APT. 1 A
SEX	6. RACE	7- MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
FEMALE	WHI		45.	12-25-1886	83	
	UPATION (Give f working life, ever		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTR
HOUSEW]	IFE		AT HOME	RUSSIA	N A 4 4 5	USA
MENDEL				REBECCA QU		
. Wos Decease	d Ever in U. S.	Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
NO	ni tir yes, give	wor or doles of serv	security No.	AFCC MACMI VEL	IMAN 7600	LABYRINTH RD., APT. A
140				MIND MAUMI VET		LABIRINID RU API
(This daes	LEADING TO	made of dying,	e.g., DUFTO OR AS	H USE MYOCARD		APPROXIMATE INTERVAL
OISEA (This does heart failure injury ar co	LEADING TO nal meen lhe , asthenia, etc. mplicotion which ANTECEDENT OR CONDITIO	DEATH made of dying, II means the dise th coused deoth.) CAUSES DNS, if any, gi	e.g., (A)IMMEDIATE CAL DUE TO, OR AS	JSE M YOCARD A CONSEQUENCE OF:	ial INFA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT RCTTON 5 WeeKS 0 - H/east
DISEA (This does heart failure injury or co	LEADING TO nal meen lhe , asthenia, etc. mplicotion which ANTECEDENT OR CONDITIO	DEATH made of dying, II means the dise th coused deoth.) CAUSES DNS, if any, gi use (A) stating	e.g., (A)IMMEDIATE CAL DUE TO, OR AS	H USE MYOCARD	ial INFA	RCTTON 5 WeeKS
DISEA (This daes heart failure injury ar co	LEADING TO nal meon the , asthenia, etc. mplicotion whice ANTECEDENT OR CONDITION OR CONDITION IFICANT CONDITION INTERIOR TO THE	made of dying, II means the dise th coused deeth.) CAUSES ONS, if any, gi use (A) stating I lost.	e.g., (A) IMMEDIATE CAL ones, DUE TO, OR AS ones ones (B) DUE 10; OR AS (C) (C)	JSE M YOCARD A CONSEQUENCE OF:	ial INFA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT RCTTON 5 WeeKS 0 - H/east
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DISEASES rise to the UNDERLYIN OTHER SIGNITION TO THE DEAD DISEASE OR TO THE DEAD DISEASE	LEADING TO nal meon the , asthenia, etc. mplicotion whice ANTECEDENT OR CONDITION the abave ca G CONDITION IFICANT CONDITION ITH BUT NOT REI CONDITION GIVE	DEATH made of dying, II means the dise, th coused deoth.) CAUSES ONS, if any, gi use (A) stating I lost. CONTRIBUTI ATED TO THE TERMINEN IN PART 1 (A). 198. CONDITION F WAS PERFORMED ERLYING EERLYING	e.g., (A) IMMEDIATE CAL one of the control of the c	H JSE M YOCARD A CONSEQUENCE OF: A CONSEQUENCE OF: C L LAR 20A. AUTOPSY? (Yes of	CARDIDOS CASE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH RCTTON 5 Weeks 6 - Afleast 20 Years
OTHER SIGNITION THE DEAD DISEASE OF THE COLUMN TO THE DEAD DISEASE OF THE COLUMN	LEADING TO nal meon the , asthenia, etc. mplicotion whice ANTECEDENT OR CONDITION GOODITION IFICANT CONDITION IFICANT ON TREE CONDITION GIVE FOPERATION BOTT WAS UND SUTING CAUST	made of dying, II means the dise the coused deoth, CAUSES ONS, if any, gi use (A) stating I tost. CONTRIBUTI LATED TO THE TERMIN EN IN PART 1 (A). 198. CONDITION F WAS PERFORMED ERLYING ERLYING ERLYING ERLYING	e.g., (A) IMMEDIATE CAL ase, DUE TO, OR AS ving DUE 10 OR AS (C) OR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, or	A CONSEQUENCE OF: A CONSEQUENCE OF: CULAR 20A. AUTOPSY? (Yes on NO) n or obout 21C. WHERE DIE ffice bldg, INJURY OCCUR	CARDIDOS CASE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT RCTTON 5 WeeKS A Heast 20 YEARS RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES rise IO III UN DERLYIN OTHER SIGNI TO THE DEA DISEASE OR OTHER 179.A. DATE OF DEATH (notified to be a compared to b	LEADING TO nal meon the , asthenia, etc. mplicotion whice ANTECEDENT OR CONDITION TO CONDITION IFICANT CONDITION IFICANT CONDITION OF OPERATION ENT WAS UND BUTING CAU: y medicol exomi	made of dying, II means the dise the coused deoth, CAUSES ONS, if any, gi use (A) stating N tost. CONTRIBUTI ATED TO THE TERMIN EN IN PART 1 (A). 198. CONDITION F WAS PERFORMED ERLYING ERLYING THE CONDITION F WAS PERFORMED ERLYING THE CONDITION F WAS PERFORMED THE CONDITION F WAS P WA	e.g., (A) IMMEDIATE CAN DUE TO, OR AS ving The (B) DUE TO, OR AS VING DUE TO, OR AS (C) NG NAL 218. PLACE OF INJURY (e.g., induction) 218. PLACE OF INJURY (e.g., induction	A CONSEQUENCE OF: A CONSEQUENCE OF: CULAR 20A. AUTOPSY? (Yes on NO) n or obout 21C. WHERE DIE ffice bldg, INJURY OCCUR	CARDIO CARDIO O SCASE NO) 20B. IF YES, WE IN CERTIFYING (It in Boltin INJURY OCCUR?	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT RCTTON 5 WeeKS A Heast 20 YEARS RE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIGNITY OF THE DEATH (APPROX.) DISEASES rise to II UN DERLYIN OTHER SIGNITY OT THE DEATH (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (week)	LEADING TO nal meon the , asthenia, etc. mplicotion whice ANTECEDENT OR CONDITION IF CONDITION OR CONDITION IF OPERATION OF OPERATION (Month) (Do y that (I) (this	made of dying, II means the dise the coused deeth.) CAUSES ONS, if any, give (A) stating I lost. CONTRIBUTION FOR THE TERMINIEN IN PART 1 (A). TO SECONTRIBUTION FOR THE TERMINIEN IN PART 1 (A). TO SECONTRIBUTION FOR THE TERMINIEN IN PART 1 (A). TO SECONTRIBUTION FOR THE TERMINIEN IN PART 1 (A). TO SECONTRIBUTION FOR THE TERMINIEN IN PART 1 (A). TO SECONTRIBUTION FOR THE TERMINIEN IN PART 1 (A). TO SECONTRIBUTION FOR THE TERMINIEN IN PART 1 (A). TO SECONTRIBUTION FOR THE TERMINIEN IN PART 1 (A). THE TERMINIEN IN THE TERMINIEN IN PART 1 (A). THE TERMINIEN IN THE TERMINIEN IN PART 1 (A). THE TERMINIEN IN THE TERMINIEN	e.g., (A) IMMEDIATE CAL DUE TO, OR AS ving The (B) UE TO, OR AS DUE TO, OR AS VING	A CONSEQUENCE OF: PRICE SIVA A CONSEQUENCE OF: CLAR 20A. AUTOPSY? (Yes or NO n or obout 21C. WHERE DIE ffice bidg., INJURY OCCUR 21F. HOW DID CLOBER 15 20 19 70 ond	CARDIO APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT RCTTON 5 Weeks A YEARS REFINDINGS CONSIDERED CAUSES OF DEATH? more City, give exocl location)	
OTHER SIGNITY OF THE DEATH (APPROX.) DISEASES rise to II UN DERLYIN OTHER SIGNITY OT THE DEATH (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (week)	LEADING TO nal meon the , asthenia, etc. mplicotion whice ANTECEDENT OR CONDITION IF ANTECEDENT OR CONDITION IF OPERATION OF OPERATION (Month) (Do y that (I) (this) lost sow the and from the co	made of dying, II means the dise the coused deeth.) CAUSES ONS, if any, give (A) stating I lost. CONTRIBUTION FOR THE TERMINIEN IN PART 1 (A). TO SECONTRIBUTION FOR THE TERMINIEN IN PART 1 (A). TO SECONTRIBUTION FOR THE TERMINIEN IN PART 1 (A). TO SECONTRIBUTION FOR THE TERMINIEN IN PART 1 (A). TO SECONTRIBUTION FOR THE TERMINIEN IN PART 1 (A). TO SECONTRIBUTION FOR THE TERMINIEN IN PART 1 (A). TO SECONTRIBUTION FOR THE TERMINIEN IN PART 1 (A). TO SECONTRIBUTION FOR THE TERMINIEN IN PART 1 (A). THE TERMINIEN IN THE TERMINIEN IN PART 1 (A). THE TERMINIEN IN THE TERMINIEN IN PART 1 (A). THE TERMINIEN IN THE TERMINIEN	e.g., (A) IMMEDIATE CAN DUE TO, OR AS ving The (B) DUE 10; OR AS OR WHICH OPERATION 218. PLACE OF INJURY (e.g., induction)	A CONSEQUENCE OF: PRICE SIVA A CONSEQUENCE OF: CLAR 20A. AUTOPSY? (Yes or NO n or obout 21C. WHERE DIE ffice bidg., INJURY OCCUR 21F. HOW DID CLOBER 15 20 19 70 ond	CARDIO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ACCTION 5 Weeks A YEARS RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exocl locotion)	

MELVIN N. BORDEN 5000 BALTIMORE NATIONAL PIKE 24C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL CREMATION, REMOVAL (Specify) 248. DATE 24D. LOCATION (City, town, or county) 11-22-70

BETH TFILOH BURIAL NOV 27 100 Color E. John Me Of REGISTRAR

BALTIMORE, MRRYLAND

25C FUNERAL DIRECTOR ADDRESS

SOL LEVINSON & BROS.,6010 REISTERSTOWN ROAD

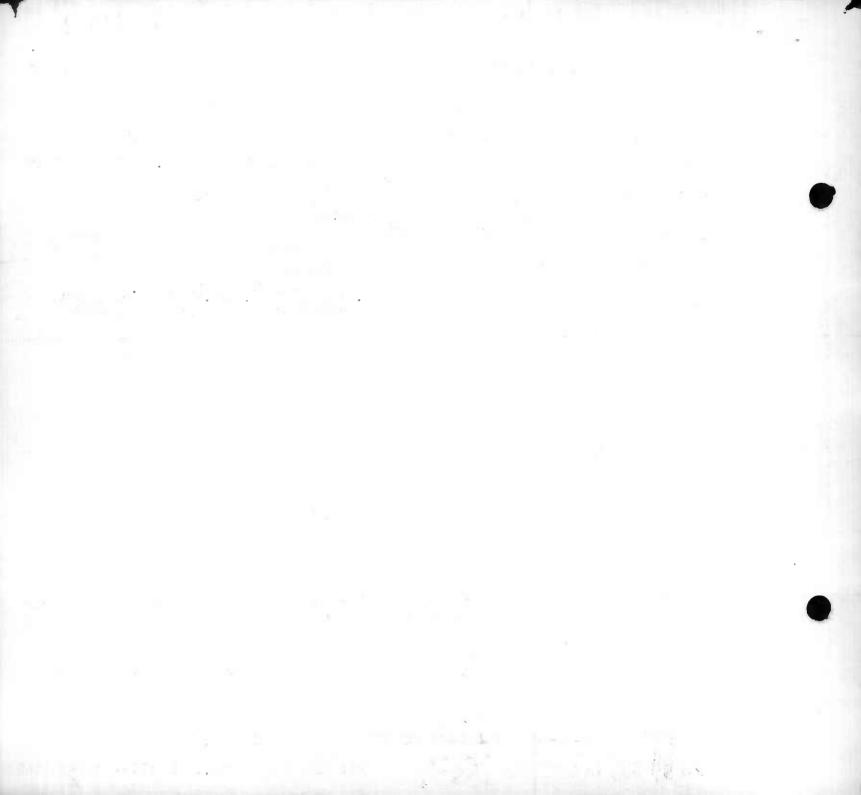
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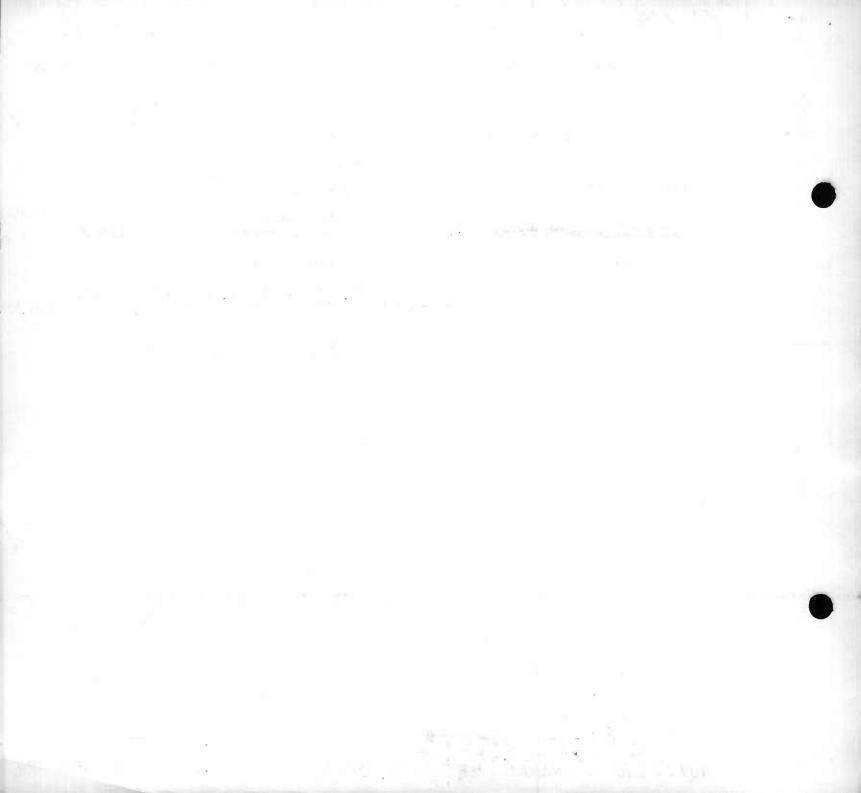
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance or the was in the character of the ch This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

SIRTH NO. NAME OF DECEASED Sype or Print) Simon I. Goldstein PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE FULL NAME OF HOSPITAL OR NSTITUTION Maryland General Hosp ADDRESS OR LOCATION) Maryland General Hosp SEX 6. RACE / MARDIED Date	ED DEAD		D HOUR OF DEATH 22 1970 e deceosed lived If inst Y Baltimore	70 11542 3 = 0 A
SIMONT GOLDSTEIN B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) Maryland General Hosp A	N, GIVE STREET	4. USUAL RESIDENCE (When A. STATE B. COUN Maryland C. CITY OR TOWN	22 1970 e deceosed lived If inst TY Baltimore	litution: tesidence before odmission
Simon 1. Goldstein De Place in Baltimore, Maryland, Where Pronounce Bull NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) Maryland General Hosp 1. Goldstein Maryland General Hosp 1. Goldstein Maryland General Hosp	N, GIVE STREET	Maryland C.CITY OR TOWN	Baltimore	litution: sesidence before odmissio
Maryland General Hospi	N, GIVE STREET	Maryland C.CITY OR TOWN	Baltimore	titution: sesidence before odmissic
Maryland General Hosp		Maryland C. CITY OR TOWN	Baltimore	4-01
Maryland General Hosp	ital	P. C. C. T. OK. IO WILL		E CITY INVESTO
48	1/al	1) Dec/toward	ט. וועטוט	PE CITY LIMITS?
SEX 6. RACE 7. SEA DRIVED 3.	-	E. STREET AND NUMBER		YES NO
SEX 6. RACE 7. SEADOWN 1		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX 400 W	SARATOGA STREET
I. AVERGED I I IV	EVER MARRIED			
Male White WIDOWED	DIVORCED	7-18-1882		If Under 1 Yr. If Under 24 H Manths Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work INR KIND OF BUST	NESS OR INDUSTRY	11. BIRTHPLACE (State or forei	88	12. CITIZEN OF WHAT COUNT
one during most of working life, even if rettred)		BALTIMORE or forei	gii country)	12. CHIZEN OF WHA! COUNT
Businessman Umbrella /	Manufactures	Maryland		USA
		14. MOTHER'S MAIDEN NAM	AE	
Joseph M. Goldstein		XXXXXXXX	DORA ?	
. Was Deceased Ever in U. S. Armed Forces? 16.5	OCIAL			DC ADDRESS
es, nd of unknown) (II yes, give wat at dotes at service)	ECURITY NO.	IT. INFORMANT 1 SOUT MR. JOHN SELLERS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ESO XXXXXX	LDG ADDRESS
			XXXXXX	XXXXXXXXX.
	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEA
LEADING TO DEATH	(A)IMMEDIATE CAUS	SE Ruptured abd	om. gortic (aneuryan
(This does not mean the mode of dying, &g., heart loilure, astherio, etc., it means the disease, injury or complication which coursed doesh.)	DUE TO, OR AS A	CONSEQUENCE OF:		
injury or complication which coused death.	<u>;</u>			ł
ANTECEDENT CAUSES	J _	. /		
DISTASES OF COMPLETIONS IN STATE	(B) TO ORAS	OSC/Erosis A CONSEQUENCE OF:	****************	
rise to the obove cause (A) stating the)	- CONTROLINGE OF:		
	(c)	******************************		*********
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	*************			
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1 21B. PLACE	OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED
()		No	IN CERTIFYING CAUS	ES OF DEATH?
OR CONTENTING CALLER OF	E OF INJURY (e.g., in	or about 21 C. WHERE DID		City, give exoct facation)
DEATH (notify medical examined etc.)	n, ractary, street, office	ce bidg., INJURY OCCUR?		
	RY OCCURRED	215 800 010 000		
21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJU OF INJURY While At		21F. HOW DID INJU	RY OCCUR?	
(APPROX.) While At Wark	At Work			
22. I certify that (I) (this hospital) attended the dec	ceased from	Mar. 21	9 7 3 to 7	2w- 22 19 70
that (I) (we) last saw the deceased alive an			* In/mil /	
and have and from the control of the		ond tho	in (ma) (ant) objute	on death occurred on the do
and hour and from the couses stated above. (1) (We) 23A-SIGNATURE	(did) (did not) vie	ew the body ofter deoth.		
				3B. DATE SIGNED
foreget Love, M.D.	DEGREE Phys.	ding Med. S	hys.	Nov. 22, 1970
ISSO BLINE OF THE	DEGREE	D. ADDRESS Marylar	rd General	Nov. 22, 1970 Hospital
23C. PHYSICIAN'S NAME (Type)		, ,,,,,,	- CMETE!	1. 5.7.101
NAME (Type)	M.D.	1500		
NAME (Type) JOSEPH LOWE	DEGREE			
A. BURIAL CREMATION, REMOVAL (Specify) NAME (Type) JOSEPH LOWE 24C. NAME of	DEGREE OF CREA	MATORY 24D. LO	CATION (City,	town, as county) (State)
A. BURIAL CREMATION, REMOVAL (Specify) BURIAL 11-23-70 BALTI	DEGREE	MATORY 24D. LO		
A. BURIAL CREMATION, REMOVAL (Specify) NAME (Type) JOSEPH LOWE 24C. NAME of	CEMETERY OF CREM	MATORY 24D. LO V BALT	CATION (City, TIMORE, MARYL	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

10.101			BALTIMORE CITY	HEALTH DEPARTMEN	lT .		
BIRTH NO.		1543	CERTIFICA	TE OF DEAT	H REG. NO	70 1	1543
1. NAME OF DECE (Type or Print)	ASED JUSEPH GIL	LIC		2, DA1	E AND HOUR OF DEAT	н	-10 6
	MORE MARYLAND, WHI		NCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, il	institution: reside	nce before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL	OR INSTITU	TION, GIVE STREET	BALTMOM	1	ISIDE CITY LIMITS	36-31
	kry uno 6	FNEMERA	~ Hospin	BALTMI E. STREET AND NUMB	30/08	YES 🚺	ио □
-46				1417 9	LEN ARM,	SUE	
	WHITE ,	MARRIED WIDOWED	DIVORCED	8. DATE OF BIRTH	9. AGE (in years lost birthdoy)	II Under 1 Y Months Doy	s Hours Min.
done during most of w	PATION (Give kind of work 10 orking life, even if refired)	b, kind of i ER	AFL	PHI LADE	(foreign country) LPHIA	12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAM				14. MOTHER'S MAIDEN	4 4 4 1) "\
AARON	GILLIS			LEAH	?		
15. Wos Deceosed (Yes, no or unknown)	ver in U. S. Armed Forces lif yes, give wor or dotes o	? of service)	6. SOCIAL SECURITY NO. 215-03-8106A	17. INFORMANT MRS ESTHER	GILLIS, c/o F	RANK GIL	DRESS LIS,
18.	/ //1		CAUSE OF DEATH		3700 OFFUTT	110112	NDALLSTOWN, M
DISEASE	OR CONDITION DIRECT	TLY		X l.	(-1. V)	BETW	EEN ONSET AND DEATH
(This daes no	t mean the made of dy sthenia, etc. It means the lication which caused de	e disease.	DUE TO, OR AS	SE MUNICIPALITY A CONSEQUENCE OF:	unz Grub	ald	
	NTECEDENT CAUSES	um.					
DISEASES OF	CONDITIONS, if any	, giving	A CONSEQUENCE OF:	**************			
rise to the UNDERLYING	above cause (A) st CONDITION last.	aling the	(c)				
-	11						
TO THE DEATH	ANT CONDITIONS CONTI BUT NOT RELATED TO THE NDITION GIVEN IN PART 1	TERMINAL (A).	100000000000000000000000000000000000000	***************************************	***************************************		
1)/(3/	WAS PERFOR	MED lind	et. Even	20A. AUTOPSY? (Yes	IN CERTIFYING C.	FINDINGS CON AUSES OF DEAT	ISIDERED H?
OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF	21 B. P. home, elc.)	LACE OF INJURY (e.g., Inform, factory, street, af	or about 21C. WHERE DI	D (if In Boltimo	ore City, give exo	cl locotion)
OF INJURY	Month) (Doy) (Year) (I		NJURY OCCURRED		INJURY OCCUR?		
(APPROX.)		While	At Work				
	hot (1) (this hospital) a			-8-170		1/23	19 70
that (I) (we) I	ost saw the deceased a	ilve on	11/23	19_7~ an	d that In (my) (aur) ap	Inian death oc	curred on the date
	from the causes stoted	above.					
23A. SIGNATURI	a A	2	Aller	diag - Med -	53.41	238, DATE SIG	NED
23C. PHYSICIAN	am & lof.	no M		Med. Director	Staff Phys.	1//2	3/7
BAYA.	NI B. ELM	1A N	1.D. DEGREE	Md. GFN H	OSP BALTT	MOVE	Md.
24A. BURIAL CREM REMOVAL (Sp	ecily)		AE of CEMETERY OF CRE			ily, town, or cou	•
BURI	AL 11-25-70	1	REW YOUNG MEN		BALTIMORE, MRY		
NOV 27	970 Rege E.	La Beau		SOL LEVINSO	ON & BROS.,601	lo REISTÊ	RSTOWN ROAD
VS 150-REV. 1/1/68		-					



IMPORTANT

DIRECTOR:

FUNERAL

BHEEF NO. 60 CERTIFIC	CATE OF DEATH REG. NO. 70 11545
(Type or Print) SCHAP(RO) - HILDA	BERNHARDT 11 24-70 8:15Am.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	BALLER
I SINAL HOSPITOL OF	RANDALLSTOWN YES NO
9 BALTIMORE	3312 JAN VALE RD. #21207
5. SEX 6. RACE HITE WIDOWED DIVORCED	ides bitiliday) Intonius; Doys (Hours) Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLA CE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
XXXXXXXXXXXXTEACHER KPUBLIC	BALTIMORE, MARYLAND U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
PHILIP BERNHARDT	ANNA BARON
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (IIf yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO NO	MR. ABRAHAM B. SCHAPIRO, 3312 JANVALE RD.
18. / 7 CAUSE OF D	DEATH. APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Cancer of Jung BETWEEN ONSET AND GEATH
LEADING TO DEATH	
heart tallure, asthenia, etc. It means the disease,	R AS A CONSEQUENCE OF:
ANTECEDENT CAUSES	Proce a The Droat
	R AS A CONSEQUENCE OF:
nse to the above cause (A) stoting the	NASA CONSEQUENCE OF:
UNDERLYING CONDITION lost. (C)	***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OLISEASE OR CONDITION GIVEN IN PART 1 (A).	
199. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION WAS PERFORMED 121A. ACCIDENT WAS UNDERLYING 121A. PLACE OF INTURY.	20A- AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street DEATH (notify medical examined)	e.g., in or obout 21C. WHERE DID (If In Boltimore City, give exact location) et, office bldg., INJURY OCCUR?
21D.TIME (Manth) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	While Nork
22. 1 certify that (1) (this hospital) attended the deceased fram	Oct 26 19/2 to NOV. 24 19 70
	24 19 70 and that in(my) (aur) apinian death occurred an the date
and haur and from the causes stated above. (1) (We) (did) (did no	
23A. SIGNATURE	23B, DATE SIGNED
facult , de 10 yu Mil	Attending Med. Staff Med. Phys. Med. Me
23G PHYSICIANS NAME (Type) ACLO 70 1/ DE BOR IA	23D. ADDRESS. HOSP. OF PALTO.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of	GREE 24D. LOCATION (City, town, or county) (State)
BURIAL 11-25-70 AITZ CHAIM	BALTIMORE, MARYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 27 BID Reses & Jake Ma	SOL LEVINSON & BROS.,6010 REISTERSTOWN ROAD

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BII	5-45C	70 1	11546		HEALTH DEPARTMENT	REG. NO.	70 11546
	NAME OF DECE				2, DATE AN	ND HOUR OF DEATH	
		RUDOLPH S			1414 11-	-25-70	1 3.45 PM
3,	PLACE IN BALTI	MORE MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. Il instituti	on residence before admission)
FL	ILL NAME OF DSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTI	TUTION, GIVE STREET	Maryland C. CITY OR TOWN	Baltimore D. INSIDE C	C 53-00
•	3 0	MERCY HOS	DITTAT		Rosedale	YES	
	31	TIBROT HOS	LITYM		E. STREET AND NUMBER 5917 Shady		
5.	SEX 6	RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (in veors If	Under 1 Yr. If Hader 24 Mag
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10/	USUAL OCCU	ATION (Give kind of work	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or lore		CITIZEN OF WHAT COUNTRY
der	E E ectri	eian		L. Martin	Baltimor	e Md	USA
13.	FATHER'S NAM				14. MOTHER'S MAIDEN NAM		
	Jos	eph Silhan			Ann	UNK	
15. (Ye	Was Deceased E	ver in U. S. Anned For If yes, give wor ar dote	ees?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	No			SECURITY NO.	Rudolph Silhan	In 4107 Glan	Dowle Dood 212
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	(This does not	mean the made of	dying, e.g.	(A) IMMEDIATE CAU	SE 'A CONSEQUENCE OF:	**********************	
	hearl loilure, a:	sthenia, etc. Il means ication which caused	the disease	DUE TO, OR AS	A CONSEQUENCE OF:		
		TECEDENT CAUSES	dealily		lanemia		9
				(B)	rancalla		
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ATION	TO THE DEATH	II ANT CONDITIONS COR BUT NOT RELATED TO THE NOTION GIVEN IN PART	E TERMINIAL	***************************************			
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CAL	21A. ACCIDENT OR CONTRIBUTI DEATH (notify m	WAS UNDERLYING NG CAUSE OF edicol examinei	218 hon etc.	ne, form, foctory, street, of	or about 21C. WHERE DID	(If In Bolttmore City,	give exact locotion)
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2	(APPROX.I			ile At Nat While			
	22 1	443 / -1 - 1 - 4 - 43	Wo				
				he deceased fram	19and the	9ta et In(my) (aur) apinian a	leath accurred an the date
	and haur and f	ram the causes state	ed abave. (H) (We) (did) (did not) vi	ew the bady after death.		
<	234 SIGNATURE		- 1			23 B, 1	DATE SIGNED
	Butruck	H M	lolo	My LL After Phys	ding Med.	Staff Phys.	1/26/70
	NAME (Type	3			HOSPITAL)	1 1
24A	BURIAL CREMA	ATION, 248, DATE	24C. N	AME of CEMETERY of CRE	, ,	OCATION (City, tow	n, or eounty) (Stote)
25A	Burial	Nov 28		ardens of Fai		rump Mill Rd	Balto Md
-	NOV 27 1	970 Robert E		OF REGISTRAR	THE DIPPECE	3 ROS INC 711	OBELATE RO
VS 3	50-REV. 1/1/68						

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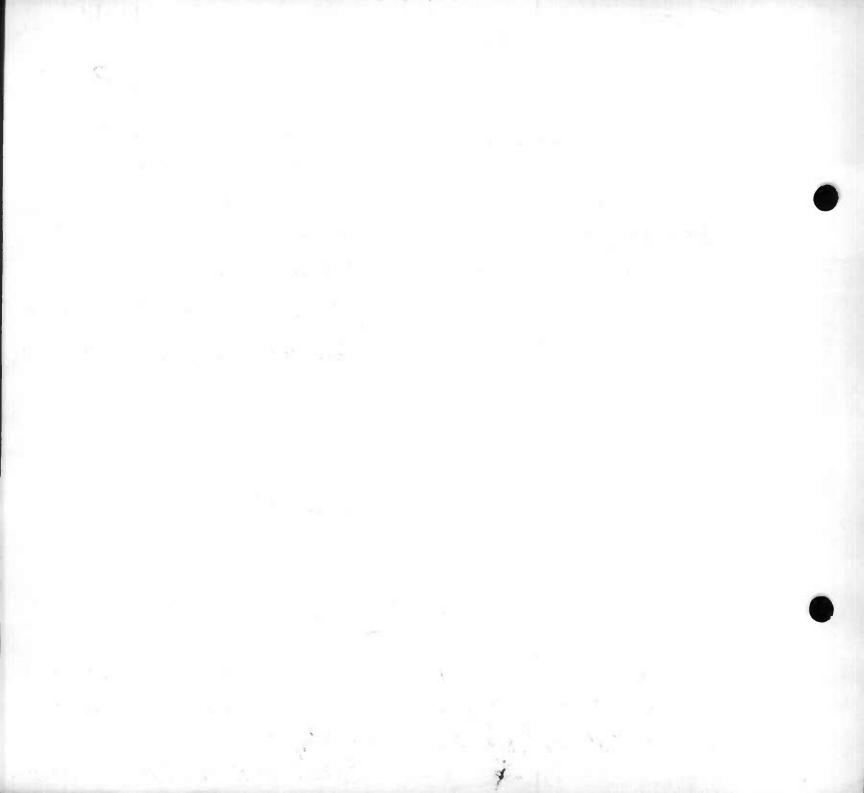
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MOSPITAL OR MOSPES ON LOCATION	3. PLACE	IN BALTIMORE,	MARYLAND, W	HERE PRON	OUNCED DEAD		4. USU	AL RESIDENCE	(Where	deceosed	lived. If ins	titution: re	esidence before	admission)
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S. Wes Decessed Ever in U. S. Armed Forces? 10	3. FATHE	R'S NAME					14. MO	HER'S MAIDE	N NAM	Ε				
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22. I certify that (I) (this hospital) ottended the deceased fram that (I) (we) last saw the deceased alive an ond hour ond from the couses etated above. (I) (We) (did)Adid not) view the body ofter death. 23A. SIGNATURE 23C. PHYSICIANS NAME (Type) Attending Med. Director Phys. 23D. ADDRESS NAME (Type) ANTHONY CAROZZA DEGREE 24C. NAME of CEMETERY OF CREMATORY DEGREE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole) Burial Nov 28 1970 Holy, Redeemer Cemetery 4430 Belair Road ADDRESS SALTO MD 25C. FUNERAL DIRECTOR Phys. 25C. FUNERAL DIRECTOR ADDRESS	21 D. TI	ME (Manth)	(Doy) (Year)	(Hour) 2	E INJURY OCC			21 F. HOW DI	D INJUI	RY OCCUR	?			
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Attending Med. Director Phys. 1/27/70 . 23C. PHYSICIAN'S NAME (Type) ANTHONY CARDZZA DEGREE 32/7 YORK ROAD 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole) Burial Nov 28 1970 Holy, Redeemer Cemetery 4430 Belair Road ADDRESS 25C. FUNERAL DIRECTOR 125C. FUNERA		and hour and from the couses states above. (1) (We) (did) (did not) view the body after death.												
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Burial Nov 28 1970 Holy Redemer Cemetery 4430 Belair Road Address 15A, Date REC'd by Health Dept. 25B, NAME of REGISTRAR 125C, FUNERAL DIRECTOR Belair Road Address	N.	AME (Type)	NTHON	y ch	802ZA				K RC	OAC				
Burial Nov 28 1970 Holy, Redeemer Cemetery 4430 Belair Road ADDRESS			24B. DATE	24C.	NAME of CEMET		MATORY	24	4D. LOC	CATION	(City	, town, o	r county)	(Stote)
DAI DAIE RECO BY HEALTH DEPT. 258. NAME OF REGISTRAN 125C. FUNERAL DIRECTOR ADDRESS			Nov 28	1970	Holv. Red	eemar	Come	tome	1.1.	70 -			BALTO	MD
	25A, DATE	REC'D BY HEAL	IN DEPT.	258 NAME	OF REGISTRAR	CCHICI	25C.	FUNERAL DIRE	CTOR	OU Be	lair	Road	ADDRESS	- 10
NOV 27 1970 Rober & Jaken KD, THE DIPPEL BROS INC TILO BELAIR RD	NO'	V 27 170	(Kobens	E. Jal	ey Killy		TH	EDIPPE	LB	105 11			BELAIR	RD

The second secon Ta resolution con l'action de la constitution de la co o war E. E. Mark

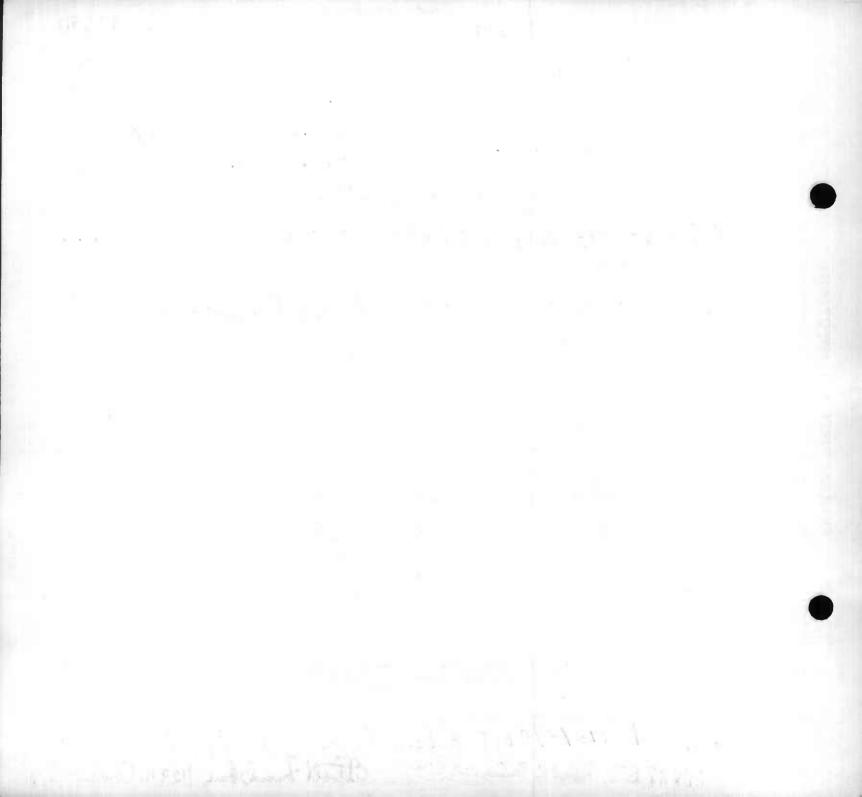
N	B-una 70 11548 BALTIMORE CITY HEALTH DEPARTMENT 70 11548
1	CERTIFICATE OF DEATH REG. NO. 70 11548
	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
	Helen K, T3/ackiston Roy, 25, 1970 1 8/30 P.
-	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?
	YES WOOD
	U. of Md. Hospital E. STREET AND NUMBER 3024 N. Calvert ST B-6#P
	6. RACE 7- MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years list Under 1 Vi., If Under 24 Hrs. Months; Days Hours; Min.
1	WIDOWED DIVORCED 9 - 25 - 0.3 7
	OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
1	RETIRED SECRETIFICY GOVERNMENT KENT CO., Md. W.S.A. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	JAMEST, Blackiston FLORENCE KEYSER
1	5. Was Deceased Ever in U. S. Armed Forces? [es, no or unknown] [If yes, give war ar dates of service] 16. SOCIAL SECURITY NO. 17. INFORMANT (MR) LUCILUE /B. REIN DOLLADRESS
	10 \$15-03-2364 (Hosp. Chart). (SAME
ŀ	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı	LEADING TO DEATH
	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which caused death.)
	ANTECEDENT CAUSES
ı	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
1	underlying condition last. (c) CAS Damage 20 to and sea & dissipation last.
١.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
A Physicia A	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B- CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPST? (Yes of No.) 20A-AUTOPST? (Yes of No.) 20B- IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
1	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID barne, form, foctory, street, affice bidg. [INJURY OCCUR?] (If In Baltimore City, give exact location)
13	DEATH (notify medical examines) etc.)
	21D. TIME (Month) (Doy) (Teor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (APPROX.) While AI No! While
ı	Work At Work
ı	22. I certify that (I) (this hospital) attended the deceased from 19 70 to
ı.	and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
1	23A SIGNATURE 23B DATE/SIGNED
ı	Joseph Lapping Con, M.V., Attending Med. Director Phys. 11/25/7/
	230. PHTSICIAN'S NAME Type) 23D. ADDRESS
2	I Joseph SAPPINGTON, P. UNIVO. HOSP. (SALTO MD
41-	REMOVAL (Specify) (Slote)
	Burial 11-28-70 Woodhawn Gemetery Balto., Co. Md.
L	NOV27 1900 Rase Takes and H.W. Jenkins Sons Co. 4905 York Rd.
V	150-REV. 1/1/68



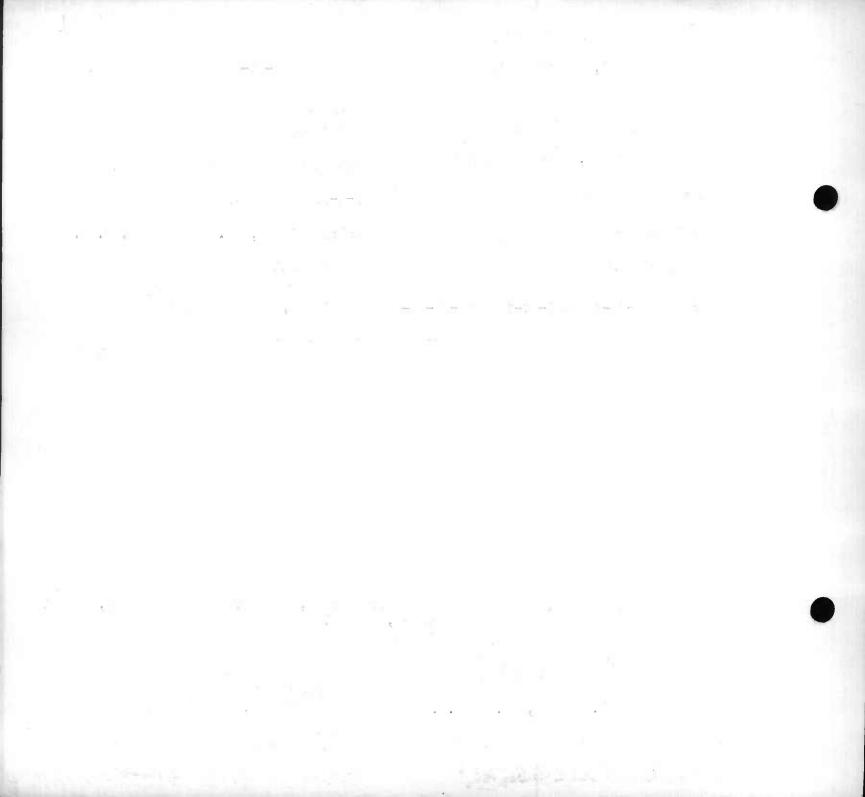
C -24	RATTIMODE CITY	HEALTH DEPARTMENT	,	70 11540
BIRTH NO. 70 11549		TE OF DEATH	REG. NO	70 11549
I. NAME OF DECEASED			24.070	
(Type or Print) Smith E/	izabeth		ND HOUR OF DEATH	b = 10
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATIONI	ON, GIVE STREET	Mary	and	9-08
	spital	Baltimor		SIDE CITY LIMITS? YES X NO
44		5 0 4 E	. 20th	Street
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Tr. If Under 24 Hrs. Manths Days Haus Min.
	DIVORCED [01-22-11	last birthday!	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or lare	ign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIEL		Marilan	d	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	7
Teremiah oh	ambers	Ect.00.	10 10	
5. Was Deceased Ever in U. S. Armed Forces?	SOCIAL	17. INFORMANT	Koades	
(Yes, no ar unknown) (If yes, give war or dates of service)	SECURITY NO.	m B	1	ADDRESS ADDRESS
18.	CAUSE OF BEAR	1160 Dernice	earney-	114 Su Warneson
10311	CAUSE OF DEATH	Terrening	O.P. e	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Alles and the same	Gorsh C	10 24 7
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	c mesas	now It month
heart failure, asthenia, etc. Il means the disease, injury or complication which caused death.)	20210, OK 237	CONSEQUENCE OF:		
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any, giving	(B)	A CONSEQUENCE OF:		
rise to the above cause (A) stating the	500 10, OK A5	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)	*************************	~~~	***************************************
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHI WAS PERFORMED 21A. ACCIDENT WAS LINDER VINGED	CH OPERATION	20A. AUTOPSY? New or No	208 15 755 1450	
WAS PERFORMED		7) 2	IN CERTIFYING CA	FINDINGS CONSIDERED
	CE OF INJURY (e.g., in	or about 21 C. WHERE DID	III In Bultimor	re City, give exact location)
DEATH (natily medical exominer)	arm, factory, street, affi	ce bldg. INJURY OCCUR?	pr in bonning	e City, give exact tocomony
21D. TIME (Month) (Day) (Year (Hour) 21F. IN	URY OCCURRED	21E HOW 515 MILE	University of the Control of the Con	
OF INJURY (APPROX.) While A		21F. HOW DID INJ	DKT OCCUR?	
Work	At Wark			
22. I certify that (I) (this hospital) attended the	eceased fram		920 to NO	
that (1) (we) last saw the deceased alive an N		19_20 and the	ot in (my) (our) opi	nion death accurred on the date
and haur and from the causes stated above. (1) (W	e) (dld) (dld nat) vl	ow the bady ofter death.		
23A. SIGNATURE				23 & DATE SIGNED
23C. PHTSICIAN'S M.	DEGREE Phys.	Med. Director BD. ADDRESS	Shaff Phys. X	NOV. 25, 1970
Chi chuma Ward	2 4 4	Mr. Unio	Marion	1 1/22 1- 2
44. BURIAL CREMATION, 248. DATE 24C. NAME	of CEMETERT OF CREA	MATORY 24D. LO	CATION (Ci	ty, tawn, at cautry) (State)
Burial It -70 Car	we me	Park. La	unel.	ma islated
SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF RE	GISTRAR	25C FUNERAL DIRECTOR	11/1/11	ADDRESS:
NOV 27 DID P. C. O. E. Jaken	ALA	(Will S	H. 1129	11. Cacago II.



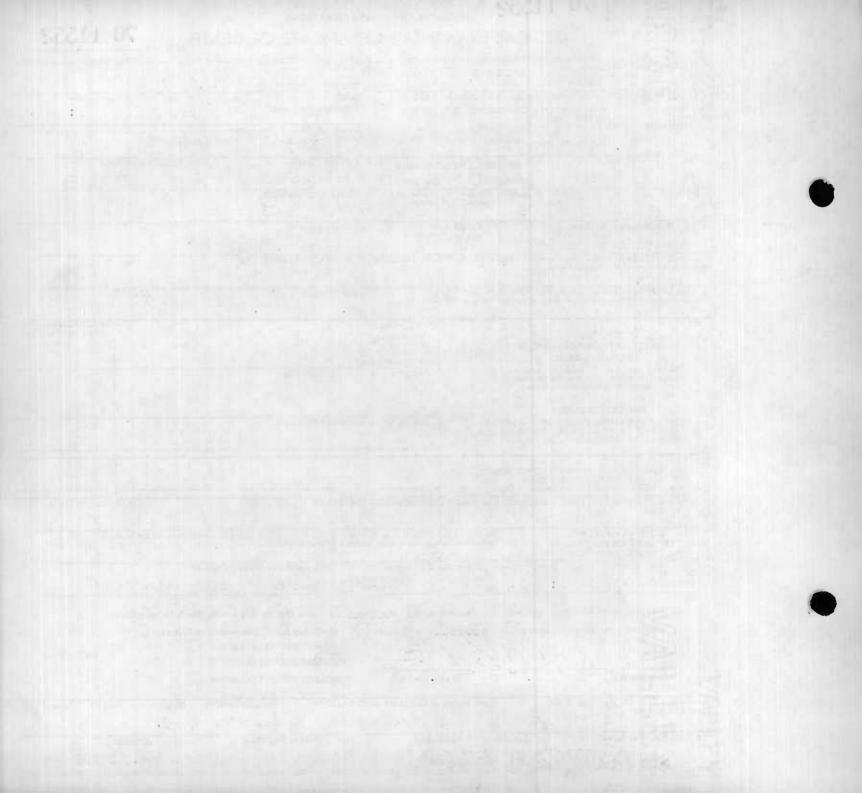
FUNERAL



D-46 BIRTH NO.	3 70 ·	11551		TE OF DEATH	REG. NO	70 11551
1. NAME OF D			-0	2. DATE	AND HOUR OF DEAT	н 10:45 Р.
3. PLACE IN B	ALTIMORE, MARYLAND, V	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission
FULL NAME CHOSPITAL OR	OF (IF NOT IN HOSPI ADDRESS OR LOC Veterans Admi)		unon, give street on Hospital	Maryland c. city or town Baltimore	JN TY	9-17 NSIDE CITY LIMITS?
. 27	3900 Loch Rave Baltimore, Mar			E. STREET AND NUMBER		YES NO
5. SEX	6. RACE		4	1538 Gorsuch		
Male	Negro	WIDOWED		8. DATE OF BIRTH 3-6-95	9. AGE (In years last birthday)	Months Doys Hours Min.
Steel W	orker	k 108, KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for Mabon Height		12. CITIZEN OF WHAT COUNTRY U. S. A.
Calder				14. MOTHER'S MAIDEN N. Ellen Scott	AME	
	ed Ever in U. S. Armed Fo		SECURITY NO.		Mospital Rec	
Yes	6-19-18 to 3	7-21-19	213-07-00-63	Baltimore, M	aryland 212	
18. / 9 DISE.	ASE OR CONDITION DI LEADING TO DEATH	RECTLY	CAUSE OF DEATH METASTA	TIC CARCINOMA	OF NECK	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
This does	nat meen the mode of	dutas as	(A) IMMEDIATE CAU	SE		l Yr
heort failure	e, asthenio, etc. It means	the disease.	DUE TO, OR AS	CONSEQUENCE OF:		
injury at co	amplication which caused	deoth.)				
	ANTECEDENT CAUSES		(B)			
rise la l	OR CONDITIONS, if the obave cause (A) NG CONDITION lost.	any, giving stating the	(C)	A CONSEQUENCE OF:	***************************************	
E ITO THE DE	II IIFICANT CONDITIONS CO ATH BUT NOT RELATED TO T	HE TERMINIAL	(6/2000000000000000000000000000000000000			***************************************
	CONDITION GIVEN IN PAR OF OPERATION 198, CON WAS PER	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or N	No. 208, IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
. OR CONTRI	ENT WAS UNDERLYING DESCRIPTION OF CAUSE OF	21 B, ham etc.)	PLACE OF INJURY (e.g., in e, farm, foctory, street, aff	ar about 21C. WHERE DID	(II In Boltim	are City, give exact locotion)
21D. TIME OF INJURY IAPPROXI	(Manth) (Day) (Year)		INJURY OCCURRED le At Not While k At Work	21F. HOW DID IN	IJURY OCCUR?	
22. I certif	y that (t) (this haspital			vember 25.	19 70 to No	vember 27. 19 70
that () (we) lost sow the decease	d alive on	November 27,	19 70 ond t	hat in (My) (aur) or	pinion death occurred an the date
23A. SIGNAT	nd tram the couses sta	ted abave. () (We) (dld) (d) (n) vi	ew the bady after death.	•	
1	William	1.73.0	Atten	ding Med.	Staff Phys.	23R DATE SIGNED
23C. PHYSICI		121-00-	7 DEGREE 2	3D. ADDRESS 3900 Lo	ch Raven Bo	ulevard
WAA. BURIAL CR	LLIAM H. BARK	ER, JR.	M.D. DEGREE		re, Marylan	
Buch	(Specify)	20 77	ME of CEMETERY OF CREI	Leneters 240.	LOCATION IS	Gity, terwn, or county) (State)
SA. DATE REC	D BY HEALTH DEPT.	258, NAME O		25C. FUNERAL DIRECTO	R. S.	ADDRESS
NOV30	MIN Robert E	Jan 1	LA T	Deschung.	1200116	lue But 1676
	/68					



m	-24	4	MED	ICAL				TH DEPARTMENT	DEATH REG. NO.	70 11552		
1. NAME OF DECEASED (Type or Print) BERNARD MCCLELLAND 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)								. DATE Known 1	Month Doy 11/27/70	Year Hnur		
								DATE PRONOUNCED DEAD NO USUAL RESIDENCE (More de	Month Day Vember 27,19	N		
1	40	ST. AGN	NES HOS				A. STATE Maryland B. COUNTY					
6. SEX	MAKKIED LI NEVER MAKKIED				Baltimore	D. INSIDE C						
	E OF BIRT				If Unde	DIVORCED or 1 Yr. II Under 24	Hrs.	. STREET AND NUMBER	Y	res No 🖺		
	3/55		10. AGE (In	15	Months	Days Hours	Min.	2304 Rockwell Av	enue			
	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							13. FATHER'S NAME				
	yland		kind of work	148. KIND		USA	ISTR	Bernard A. McClelland				
done dur	ing most of udent	working lile, ev	en lirelired)		01 00	SINCES OR HADE	JJ. K	Ruth Schuhart				
16. WAS	S DECEAS	ED EVER IN	U.S. ARMED	FORCES	3 1	7. SOCIAL SECURITY NO.		8. INFORMANT	A	ADDRESS		
	10	y(ii yes, give t	wor or dotes	or service)		SECORIT NO.	•	Mr. Bernard A. M	AcClelland,	2304 Rockwell Av		
CATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL											
CERTIFICATION DE LA COMPANSION DE LA COM	DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA									21. AUTOPSY? (Yes or No) yes		
∑ 22D. OF 1	22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 11-27-70 5:07 P. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Ballimore City, give exact local home, form, foctory, street, elice bldg., etc.) INJURY OCCUR? Street 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Ballimore City, give exact local home, form, foctory, street, elice bldg., etc.) INJURY OCCUR? Haven Road 22F. How DID INJURY OCCUR? WHILE AT WORK AT WORK Shot accidentally while hu											
23.	I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 11/28/70 NAME (Type)											
REMOV	RIAL CRE	MATION, 2	4B. DATE 12/1/	70		NAME of CEMET			CATION (City, town	n, or county) (Slate)		
25A. DA		3 0 197		THE RESERVE	The Party of the P	REGISTRAR)	25C. FUNERAL DIRECTOR	A	DDRESS e., 21228 -		



VS 150-REV. 1/1/68

3:11 T. Start and Later Later 1 1201

IMPORTANT

FUNERAL DIRECTOR:

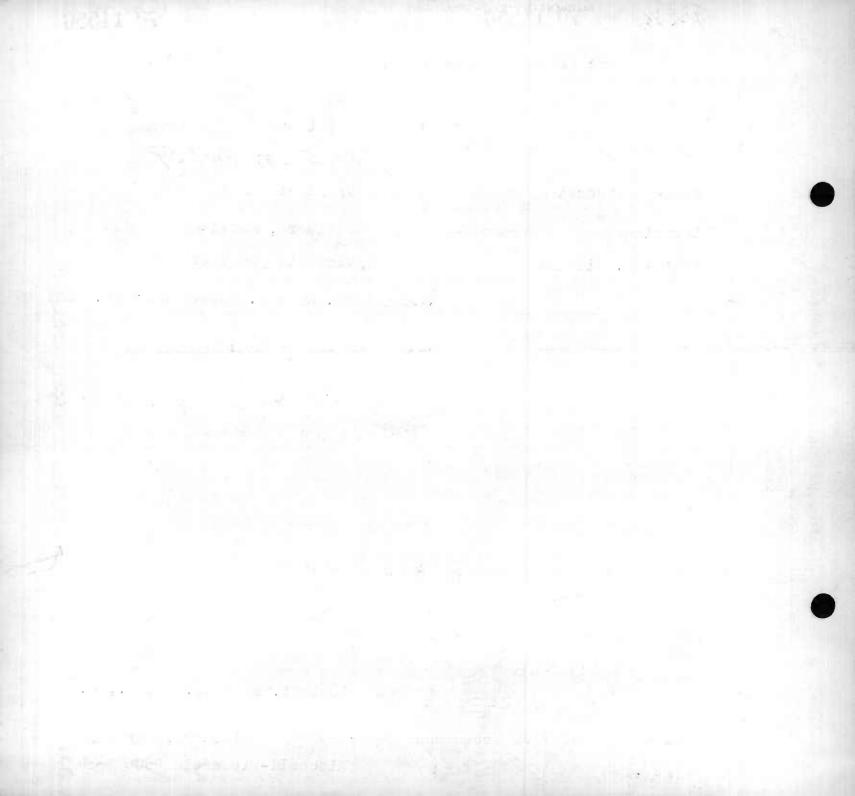
7 1121	BALTIMORE CITY	HEALTH DEPARTMENT		70 11554						
BIRTH NO. 70 11554	CERTIFICA	TE OF DEATH	REG. NO	artopa:						
1. NAME OF DECEASED	11.	2. DATE A	ND HOUR OF DEATH							
Edward Julio	Zaldivar		0 26. 1970	1 = 35 A "						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceosed fived. If instit	tution: residence before admission)						
FULL NAME OF HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	ION, GIVE STREET	Md. Bula 6 53-00								
US Public Health Hosp	> .	Battimore D. Inside City Limits? E. STREET AND NUMBER								
5. SEX 6. RACE 7		1925 Englewood Dr.								
5. SEX 6. RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.						
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for	eign country)	12. CITIZEN OF WHAT COUNTRY?						
dis Play		Cuba		USA						
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME							
John Zaldivar		Mary Pereira								
(1es, no or unknown) (If yes, give wor or doles of service)	6- SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS						
No	264-68-9339	Jennie Z	aldivar	Same						
18. 2.04.0	CAUSE OF DEATH			APPROXIMATE INTERVAL						
DISEASE OR CONDITION DIRECTLY										
This does not meen the mode of dving eq. (A)IMMEDIATE CAUSE TYPING NO THE CHARLEST INC.										
heori failure, osihenia, etc. Il means the disease, injury or complicolian which caused death.)	DOE 10, OK AS A	CONSEQUENCE OF:		- 7						
ANTECEDENT CAUSES	Acut	2 lumphatic	· leutremic	4 400						
DISEASES OR CONDITIONS, if any, giving	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF									
rise to the above couse (A) stoling the UNDERLYING CONDITION lost.	(c)									
11	(0/									
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (A)	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
DISEASE OR CONDITION GIVEN IN PART I (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHI	***************	***************************************								
19A. DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED	CH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUSE	SOF DEATH?						
210, 707	ACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	1 6.0							
OR CONTRIBUTING CAUSE OF home, etc.)	form, foctory, street, affic	e plda" INTAKA OCCA K	fit in pairimare Ci	ty, give exact location)						
O 21D. TIME (Month) (Day) (Year) (Hour 1215 IN	JURY OCCURRED	21F. HOW DID INJ	IIBA OCCIIBS							
S OF INJURY (APPROX.) While			ONI OCCONI							
22. I certify that (1) (this hospital) attended the deceased from NGCC 7										
1 distanting										
ond hour and from the causes stoted obave. (1) (We) (did) (did not) view the body after deoth.										
3A. SIGNATURE 23B. DATE SIGNED										
K. Koger Little	Affense Phys.	Med. Director	Staff Phys.	11/26/20						
23C. PHYSICIANS NAME CYPE	DEGMEE	D. ADDRESS	,	1/20/10						
1. Koger title W.S. Public Health Hospital										
REMOVAL (Specify)	of CEMETERY at CREM	ATORY 24D. LO	CATION (City, to	own, or county) (Stote)						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R	ro. Funeral H	ome . 600.	W. Flagler.	St. Miami-Fla.						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR JOHN T. Stansbury, Sr. 6411 Windson Mill Rd										
VI 150 NOV NO DAY VASE & SARE		Join 1. Jears	July, 516.0711	WATEROOK PILLE NO						

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-430 70 11555 BALTIMOR	RE CITY HEALTH DEPARTMENT
CEPTIF	FICATE OF DEATH X REG. NO. 70 11555
BIRTH NO. 1. NAME OF DECEASED	
(Type or Print)	2, DATE AND HOUR OF DEATH
Marion Gould 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	November 27 1970 2.30 AM
STEACE IN BALTIMORE MARILAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE ADDRESS OR LOCATION)	Maryland Bulge 33-00
HOSPITAL OR ADDRESS OR LOCATIONI	C. CITY OR TOWN D. INSIDE CITY LIMITS?
House of the Pines	Parkville YES NO ✓
BeLair Road	E. STREET AND NUMBER
90 Bozati Koda	3041 Moreland Ave.
5. SEX 6. RACE 7. MARRIED NEVER MARRI	PATE OF BIRTH SOLOTION
F W WIDOWED X DIVORCE	ED Set 8, 1889 ost birthday) 8/ Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
nousewife at home	Va. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Tyomas Kelly	Margaret Sherry
15. Was Occased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service) 16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
No SECONII NO	Potti- Dail 1 2015
18. / / / 9 / / 194 7 / C CAUSE OF	3-17
DISEASE OR CONDITION DIRECTLY	DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	Ordered selecution Cartilland March 1 5 1 hr
This does not mean the made of dying, e.g., (A) IMMEDIA	OR AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	ON AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if any, giving DUE TO,	OR AS A CONSEQUENCE OF:
rise to the above couse (A) stating the UNDERLYING CONDITION tast. (C)	

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	otani IIV
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	UPYN YMWIITM 13-TW
DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. OATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED
WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. OATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURE	Vie.g. in at about 21 C. WHERE DID.
OP CONTRIBUTING CAUSE OF	Y (e.g., in or obout 21 C. WHERE DID (II In Boltimore City, give exact location) neet, office bldg., INJURY OCCUR?
O Trans Healed examines	
DEATH (natify medical examines) etc.) 21D.TIME (Monthil (Doyl (Yeorl (Hour) 21E INJURY OCCURR) While At The National States of the Control	
(APPROX.) While At A	ot While
22. I certify that (I) (this hospital) attended the deceased from	A Mal
	(N) May 19 1 and that In (my) (our) apinian death accurred an the date
and hour and from the causes stated above. (i) (We) (did) (did	
23A. SIGNATURE	
1 Year of lands and	Attending BY Med. Staff C
DEGREE	Phys. Director Phys
NAME (Type)	23D. AODRESS
23C. PHYSICIAN'S AND BEEN GOODMAN	8604 Harford Road
2400 BURIOL CREMATION, 1248, DATE 124C. NAME of CEMETERY	of CREMATORY 24D. LOCATION (City, town, or county) (Stotel
Burial 11-30-1970 Baltimor	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	e Cemetery . Baltimore Maryland
	25C. FUNERAL DIRECTOR ADDRESS
NOV 30 1970 (Vale & & Jackson M.D.	C. F. Evans & Son 8802 Harford Road

2 2.11	70.4	1556	BALTIMORE CITY	HEALTH DEPARTMENT		MO AREA
97-246	10 7	TODO	CERTIFICA	TE OF DEATH	REG. NO	70 11556
BIRTH NO.	FASED				D HOUR OF DEATH	
(Type or Print)	Cora Franc	es Re	isler	No	ovember 19	9, 1970
3. PLACE IN BALT	IMORE, MARYLAND, W					nstitution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Md c. CITY OR TOWN		12-02
(70				Baltimore	D. 1143	YES NO
Bolton	Hill Nursi	ing Ho	me	E. STREET AND NUMBER	Paul ST	
SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
emale	Caucasian	WIDOWED		9/0/1001	89	
OA, USUAL OCCU	PATION (Give kind of work vorking life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
Libraria		Educa	tion	Baltimore, M.	aryland	USA
3. FATHER'S NAM	A E			14. MOTHER'S MAIDEN NAM		
William	A. Wilkins			Victoria L	eavitt	
S. Was Deceosed	Ever in U. S. Armed Force	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	, yes, give werer creates	or service,	218-18-3402	Mrs. Ruby M.	Harvey 2	935 St. Paul ST.
18.44 3	7.91		CAUSE OF DEATH			APPROXIMATE INTERVAL
	E OR CONDITION DIR LEADING TO DEATH	ECTLY		Carola O a	tough.	
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	asthenia, etc. II means plication which caused			0		
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DISEASES O	R CONDITIONS, if o	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	^	73 9 000
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ONDEREITHO			(c)		VO 10	
TO THE DEATH	CANT CONDITIONS CON BUT NOT RELATED TO TH	IE TERMINAL	************************			
DISEASE OR CO	OPERATION 198 CONE WAS PERF	DITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examiner		e, form, foctory, street, of	or obout 21C. WHERE DID	(If in Boltimor	e City, give exoct locotion)
21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
(APPROX.)		Whi	ile At Not While			
22	that (1) (This liverital)				^	Non 19 1970
			CO	10 7 5	9ta	
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23A SIGNATUI	A	ed abave. (1) (Wa) (did) (did\ nat) v	iew the bady after death.	X	Land Bass steamer
23A SIGNATOR			AHO AHO	nding Med.	Staff [23B. DATE SIGNED
Ven	1 Des Di	uge	DEGREE Phys	. Director	Phys.	11/20170
23 OFFITS CIAI			dust'	1001 St. Ra	ul St. Ba	lto.,Md.
6000	s to HAMB	URGE	SR JR DEGREE			
4A. BURIAL CREA REMOVAL (S	MATION, 24B. DATE	24C. NA	AME of CEMETERY OF CRE	MATORY 24D. LC	CATION (C	ty, town, or county) (State)
Burial	11/21/	70 Gre	eenmount Cem	etery Ba	ltimore,	Maryland
SA. DATE REC'D	BY HEALTH DEPT.	25B NAME C		25C. FUNERAL DIRECTOR		ADDRESS
MOV 30	END Wasses &	· Warder	, Mari	Mitchell-Wi	redereld 6	500 York rd
/S 150-REV. 1/1/6	В					

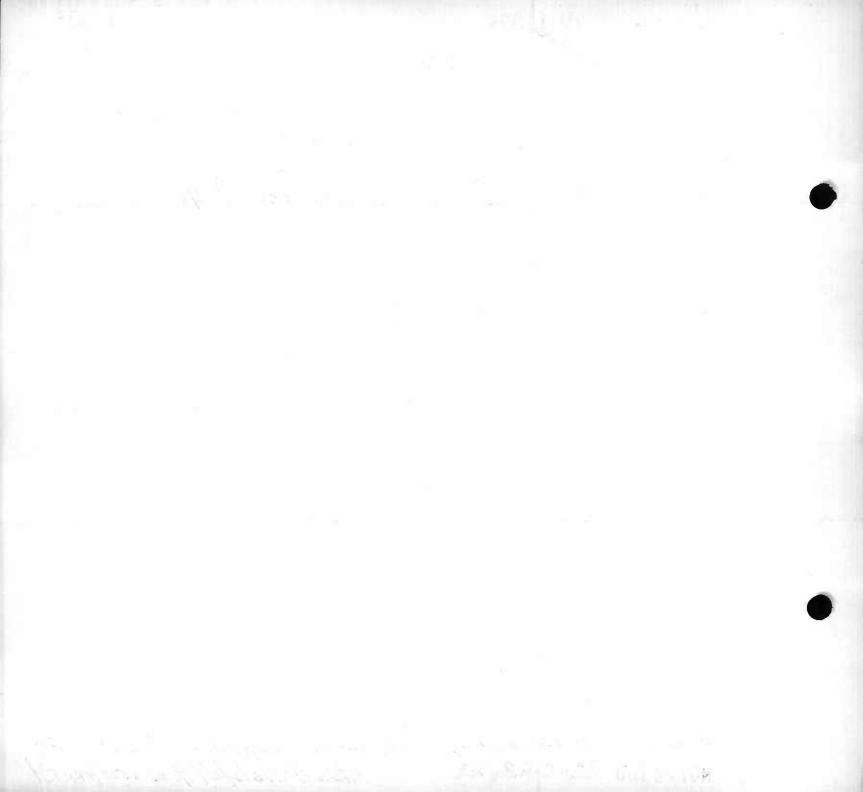


1 = 0 =	BALTIMORE CITY HEALTH DEPARTA		11557
70 11557	CERTIFICATE OF DEA	TH REG. NO.	30 1. J.) (
BIRTH NO. 1. NAME OF DECEASED		DATE AND HOUR OF DEATH	
(Type or Print)			1
MRS. KATHERIN		Nov. 20, 1970 ICE (Where deceased lived, If institution	M.
3. PLACE IN BALTIMORE MARYLAND WHERE PRONOUNC	A. STATE	B. COUNTY	n: residence before odmission)
The state of the s	N. GIVE STREET MADVE	4 97 95	11-02
FULL NAME OF THE NOT IN HOSPITAL OR INSTITUTION	12-7-70 C. CITY OR TOWN	D. INSIDE CIT	V IIMITS?
INSTITUTION	75-1-10		
EDGEWOOD NURSING HO	ME BALTI	MORE YES	NO NO
90	E. STREET AND IN		
BELLONA AVE	524 N.	CHARLES STREET	
S. SEX 6. RACE 7. MARRIED 7	NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years If U	nder 1 Yr. If Under 24 Hrs. ths: Doys Hours Min.
FEMALE WHITE WIDOWED	DIVORCED JAN. 31.1	892 78	10013
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS			CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)			
Housewife	RAT.	TIMORE MD.	USA
13. FATHER'S NAME	14. MOTHER'S MAI	DEN NAME	UDA
HENRY LIMPERT	AUGU	STA RAEKER	
S. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dates of service)	SOCIAL 17. INFORMANT		5 OPPRESS
213	-09-7493-B Mas.	D. J. HOLLOWAY	WILMARY LA.
1.0	CAUSE OF DEATH		APPROXIMATE INTERVAL
18.250,9 I	CAUSE OF DEATH		BETWEEN ONSET AND DEATH
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747 6	O-600 70 11558 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 70 11558
an eat ase	1. NAME OF DECEASED ORR, Robert & V 2 DATE AND HOUR OF DEATH (Type or Paint) 18 70 1 11 30 D.
l in a hospital ng cause of a cause; (5) Bocd attendance on	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF 11F NOT IN HOSPITAL OR INSTITUTION. GIVE STREET HOSPITAL OR ADDRESS OR LOCATIONI C. CITYOR TOWN D. INSIDE CITY MINITS? Towson. YES NO S E. STREET AND NUMBER 1500 BOYCE AVENUE. Towson moryland 21
occurred ontributing ermined	5. SEX Constitution of the second of the se
if death set or co I) Undet was in	Enfineer. Westighous Colectic. maryland. American. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
Sistant in the direkind; (4 death	15. Was Deceased Ever in U. S. Afried Forces? (Yes, no or unknown! (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 218-20-8919 Mo Address Addres
or his assistant Also, if the di e of any kind;	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH CAUSE OF DEATH Drain meterstand approximate interval setween onset and Death
iner iner.	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc., It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) Walthout melanoma.
₹ - 00 E	DISEASES OR CONDITIONS, if any, giving inse to the above cause (A) stoling the UNDERLYING CONDITION tast. (C)
UNERAL D chief medically a medically a medically body burns;	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. ACCIDENT WAS UNDERLYING 1 21A. ACCIDENT WAS UNDERLYING 1 21A. ACCIDENT WAS UNDERLYING 1 21B. PLACE OF INTURY (B.G. in or obout 21C WHERE DID.
FUN y the ch ital by e; (2) Bo there th	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
roved by nature y nature	21D. TIME (Month) (Doyl (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While AI Not While A Work At Work
st be appropriate to the ent of an spital (e)	22. I certify that (i) (this haspital) attended the deceased from 11-17-70, 19 20, to 11 23 19 20 that (i) (we) last saw the deceased alive an 11 22 19 20 and that in (my) (aur) apinian death accurred an the date and have and from the causes stated above. (i) (We) (did not) view the bady after death.
e musi releas accide	23A. SIGNATURE Forth Solid Bodo, M.D. Attending Med. Shoff Director Phys. 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS
certificat sody was /s: (1) An D.O.A. af	FATIH SALIH ZADA, DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
This cert the body shows: (1	25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS MITCHE / Wiedefald Home 6500 YORK Rd



VS 150-REV. 1/1/68

Company of the control of the contro TAME LANGE LANGE MEISTER WEIGHT STOLE Species and the property of the second secon And 'S bestands A STATE OF THE RESIDENCE OF THE RESIDENC

IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

NoXX

Howard H. Hubbard, 4107 Wilkens Ave. 21229

. If Under 24 Hrs. Hours : Min.

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VS 150-REV. 1/1/68

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	70 1	156	BALTIMORE CIT						
5.365	MED	DICAL	EXAMINER'	S CERTIF	ICATE OF	DEAT	н 7	70 11	560
BIRTH NO.				O OLKIII		DEAT	REG. NO.	1	שטעכ
1. NAME OF DECEAS	DOROTHY	STRO	NG	2. DATE OF	Known X	Month	Doy nber 25,	Year 1	Hour 2.00 D
4. PLACE IN BALTIMO				DEATH 3. DATE	Estimoted				3:00 P. M.
FULL NAME OF		AL OR INSTI	TUTION, GIVE STREET		DUNCED DEAD	Month Novem	ber 25,		3:00 P. M.
OR INSTITUTION				5. USUAL A. STATE	RESIDENCE (Where	e deceased liv	ed. If Institution:	residence bel	ore odmission)
	Agnes Ho	spita	l	A. SIAIE	Maryland		B. COUNTY	25-	5.3
6. SEX 7. 1	RACE	8. MARRIE	NEVER MARRIED	C. CITY C	RTOWN		D. INSIDE CITY	LIMITS?	
Female	White	WIDOWI			Baltimore		YES	A NO	
9. DATE OF BIRTH 11-17-1900	10. AGE (1	n years	f Under 1 Yr. II Under 24 Aonths Days Haurs	Hrs. E. STREET	AND NUMBER				
11. BIRTHPLACE (Stote			2. CITIZEN OF	13. FATHE	2301 Grove	Stree	t		
	rg, New Yor		WHAT SOUNTRY?						
			OF BUSINESS OR INDU	JSTRY 15. MOTH	ohn Theo	dore ME			
Housewife	ng life, even if retired)			Ш	nknown				
16. WAS DECEASED F	VER IN U.S. ARMEI	FORCES?		18, INFO			ADI	RESS	
(Yes, no or unknown) (If y	es, give war or dotes	al service)	SECURITY NO.		ewton Stro	no 230	1 Grove	Street	21230
19. // =/	1		CAUSE OF		owedir belo	16, 23	71 01000	APPRO	XIMATE INTERVAL
DISCASE OF	CONDITION DIRE	CTI V						BETWEEN	N ONSET AND DEATH
	ING TO DEATH	CILI	4. Allaha Erol	ATECAINE CO.	rebro-vascu	11 ar ac	cident		
(This does not m	ean the mode of dy	ing, e.g.,	DUE TO	OR AS A CONSE	QUENCE OF:	rat ac	CIGCIL		
Injury or camplica	ition which coused de	zih.)							
ANTEC	EDENT CAUSES		401						
DISEASES OR C	ONDITIONS, IF ANY	, GIVING	DUE TO,	OR AS A CONS	EQUENCE OF:				
UNDERLYING C	OVE CAUSE (A) STA	IING THE	(c)						
<u> </u>	11		(0)						•
O THE DEATH	ANT CONDITIONS CO BUT NOT RELATED TO NOTION GIVEN IN P	THE TERMIN	NG IAL						
20A. DATE OF OP	RATION 208. COL	NDITION F	OR WHICH OPERATION	WAS PERFOR	MED			AUTOPS	Y? (Yes or No)
Ö								No	
OHNDERIVING		2: he	2B. PLACE OF INJURY(ome, farm, lactory, street,	e.g., in ar obout office bldg., etc.)	22C. WHERE DID (il in Baltimar	City, give exact	location)	
UTING CAUSE) (Hour)	22E.INJURY OCCUR	250	22F. HOW DID IN.	LUDY OCCU	tho.		
OF INJURY (APPROX.)	, (504) (160)		WHILE AT	NOT WHILE	22r. HOW DID IN	OKY OCCU	KI		
23.		TT IT		AT WORK					
	hat I held an I	nquiry 🗌		Autapsy 🗌	and that on th	ils basis,	death in my op	Inion	
resulted f	ram: Natural cau	505 V	Accident Su	itelde 🗌 H	omicide 🔲 🐧	Undetermin	ed manner 🔲		
ACTUAL	10 10	1	1 1		CHIEF MEDICAL E	XAMINER		20	TE CICNIED
SIGNATURE_	Maris	1,0	2 gale	M.D. ASS	ISTANT MEDICAL E	XAMINER	X	DA	ITE SIGNED
EXAMINER'S NAME (Type)	Charles	S. Sp	ingate, M.D	. ASS	OCIATE MEDICAL E	XAMINER	Novem	ber 26	, 1970
24A. BURIAL CREMATION REMOVAL (Specify)	ON, 24B. DATE		24C. NAME of CEMET	ERY or CREMAT	ORY 24D. I	LOCATION	(City, town, c	or county)	(Stote)
Burial	11-30-1	1970	Dulaney Val	ley Cemer	ery C	ockeys	ville, Ma	ryland	
25A. DATE REC'D BY H			ME OF REGISTRAR		FUNERAL DIRECTO			RESS	
MOVED	170 Q.C. a	2	2 1000	Ho	ward H. Hul	bbard	4107 Wil	kens A	ve. 2122
VS 151-REV. 7/1/6B	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	9x 3130	A COLON	1.10	77.4 71.0	,			

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IMPORTANT

FUNERAL

VS 150-REV. 1/1/68

NO XX

U.S.A.

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ADDRESS

Howard H. Hubbard, 4107 Wilkens Avenue 21229

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

If Under 24 Hrs.

A TOUR OF THE PROPERTY OF THE ar 23 THE STATE OF THE S AND MARKET THE THE PROPERTY LEVEL TO THE PRO new 5 history, armor research from

hospital

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death

IMPORTANT

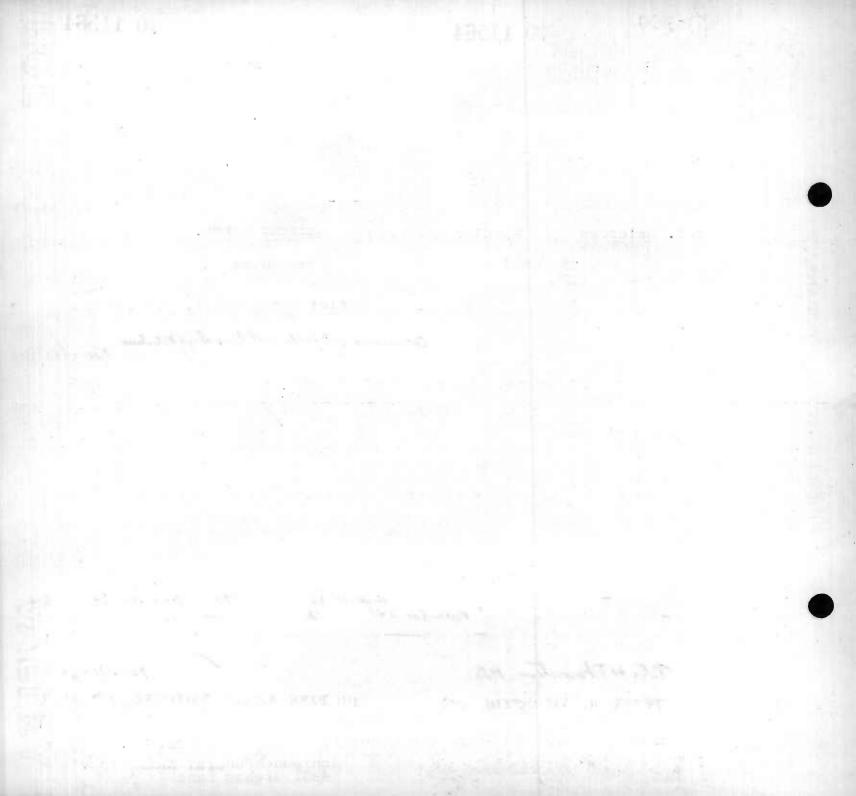
DIRECTOR:

FUNERAL

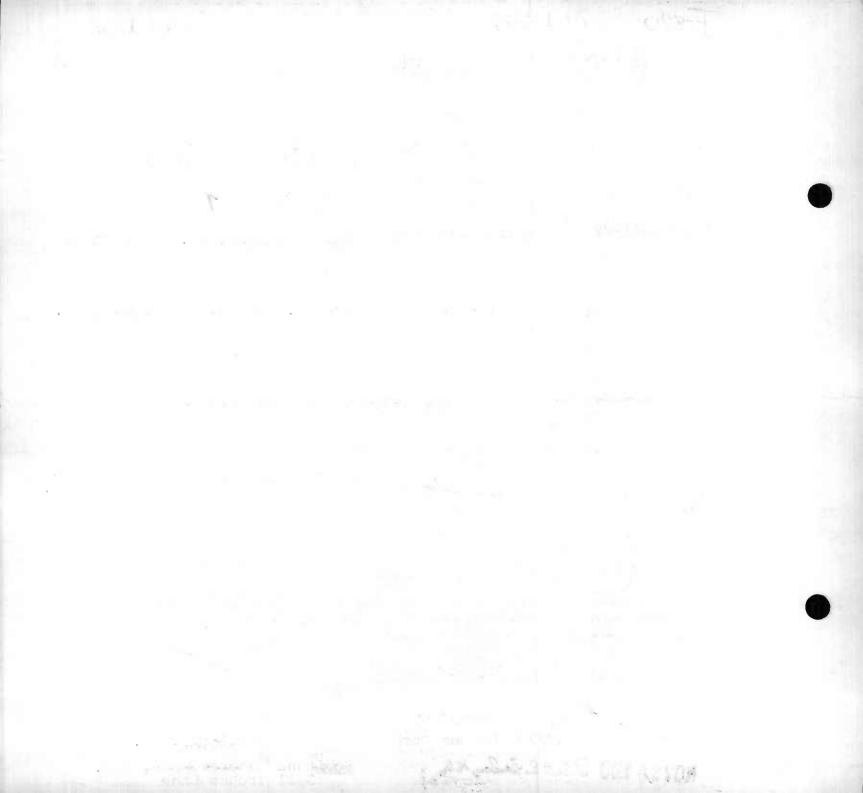
medical

by

VS 150-REV. 1/1/68



IMPORTAN DIRECTOR: FUNERAL 4. USUAL RESIDENCE (Where deceased lived, If institution: residence D. INSIDE CITY LIMITS? NO If Under 1 Yt. If Under 24 Hrs. Months! Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS Falise, 412 Hopkins Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimare City, give exact location) wand that in(my) (our) apinian death accurred an the date 23B, DATE SIGNED (City, town, or county) (Stote) SchimunekFuneral Home, Inc. 3331 Brehms Lane

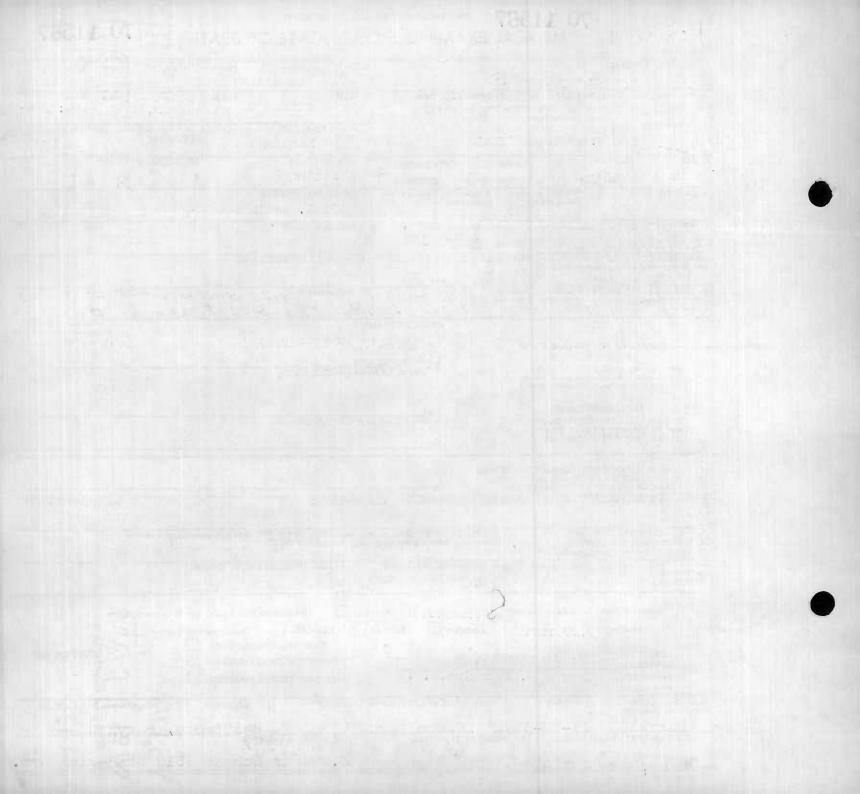


IMPORTANT

FUNERAL DIRECTOR:

T. 5115 70 11556	BALTIMORE CITY	HEALTH DEPARTMENT	70 11566
BIRTH NO.		TE OF DEATH REG. NO	OLIOLIE OI
1. NAME OF DECEASED (Type of Print) OMLINSON, Liz	ZIE MAE	2. DATE AND HOUR OF DEATH	1820 to
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II	institution: residence belore admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	UTION, GIVE STREET	Md	SIDE CITY LIMITS?
L-	b.z n	Baltimore 2/2/8	YES NO
Union Remonal Hosp	pital	100 E 20th St	
Temale W.HITE WIDOWED		8. DATE OF BIRTH 30 SEPT 05 Set birthday 65	If Under 1 Ye. If Under 24 Hrs Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10B, KIND Of one during mast of working life, even if refired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTR
tetered Home	emaker	NORTH CAROLINA	American U.S
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Roy Job	STANLEY	AMANDA ANDERS	OM
S. Was Deceased Ever in U. S. Anned Forces? (es, no or unknown) (If yes, give wor or dates of service)	6. SOCIAL		ADDRESS
NO	SECURITY NO.	Irene Garrett Ball	20th ADDRESS more, Mid 21218
18. / () /	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		internal	BETWEEN ONSET AND DEAT
LEADING TO DEATH	(A)IMMEDIATE CAL	se bleeding overnall.	8.00 -approx.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discose,	V. /	A CONSEQUENCE OF:	f
injury or complication which caused death.)		Annam - il -al acida	
ANTECEDENT CAUSES	(B)	cancer e methastasis	
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION tast.		A CONSEQUENCE OF:	**************************************
11	(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	*******************************	***************************************	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 19B CONDITION FOR 1 WAS PERFORMED 21A ACCIDENT WAS UNDERLYING 1	WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
	ie, form, foctory, street of	n or obout 21C. WHERE DID (II In Ballimo	ore City, give exact location)
	INJURY OCCURRED	21F. HOW DID INJURY OCCUR	
IA PPROY)	ile At Not While		
		11/1/2 19 /0 to	11/12 70
22. I certify that (W(this hospital) attended to thot (1) (W) last sow the deceased office on_	11/24	ond that in (my) (aut) op	Inlon deoth occurred on the dot
and hour and from the couses stated above. (1) (We) <u>(did)</u> (did nat) v	lew the body ofter death.	
23A. SIGNATURE TRESCHAZE	DEGREE Phys	nding Med. Staff Director Phys.	238 DATE SIGNED
PHYSICIAN'S FAZEKAS	N.D	3D. ADDRESS U. H.	
4A. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specify)	AME of CEMETERY OF CRE	MATORY 24D. LOCATION (C	ity, town, or county) (State)
	altimore Nati		e, Maryland
SA. DATE REC'D BY HEALTH DEPT. 25B. NAME C	OF REGISTRAR		ADDRESS
MOV 3 O TETO Poles E. Jacks	Con ABON	T YES JOURNEY OF MINER	
S 150-REV. 1/1/68	Andrew Market	Lowell Lemmon	6500 York Road

11-200	70	1156	BALTIMORE CITY HE	EALTH DEPARTMENT		0 11567
1		MEDICA	L EXAMINER 2	CERTIFICATE OF DE	AIH REG. NO.	O TIOIL
I. NAME OF DE						
(Type or Print)			77	2. DATE Known Mo	nth Doy	Year Hnur
		EACH 🚣	7.	DEATH Estimoted		M.
4. PLACE IN BA			PRONOUNCED DEAD	3. DATE Mor		Yeor Hour
FULL NAME OF HOSPITAL	(IF NOT IN I	HOSPITAL OR IN	STITUTION, GIVE STREET	PRONOUNCED DEAD NOT	vember 25,197	
OR INSTITUTION	ADDRESS O	RECERTION		5. USUAL RESIDENCE (Where dece	nsed lived. If tostitution: se	idence belore admission)
1 1 1	BON SECOU	RS HOSPI	TAL	A. STATE Maryland	B. COUNTY	20-05
6. SEX	7. RACE	8. MAR	RIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY	IMITS?
Ma le	White		WED DIVORCED	Baltimore	YES [и п
9. DATE OF BIRT	H 110.	AGE (In years	If Under I Yr. II Under 24 Hrs.	E. STREET AND NUMBER	YES]	NO L
	lost	73	Months Days Hours Min.	412 S. Bentalou	Street	
11. BIRTHPLACE	State or foreign co	untry)	12. CITIZEN OF	13. FATHER'S NAME		
Louisi	A 4/ A		WHAT COUNTRY?			
		ol work 114B. KIN		Y 15. MOTHER'S MAIDEN NAME		
done during most of	working lile, even it t	refired)		1 10. MOTHER & ADDIDER TANKE		
	ED EVER IN U.S.	APHED FORCE		10 INFORMANIE	4855	
(Yes, no or unknown)(Il yes, give wor or	r dates al servic	SECURITY NO.		entatoe ADDR	ESS ST. 21223
485.	1917-	1919	217-07-670	MRS. ELIZABETH	F. LEACH	13 11 To 14
/19.	0.		CAUSE OF DEA			APPROXIMATE INTERVAL
	7		Pu 1mona	ry Tuberculosis		BETWEEN ONSET AND DEATH
DISEAS	E OR CONDITION LEADING TO DEA		I d I moria	19 105020010525		
(This done o	not mean the mode		(A) IMMEDIATE (CAUSE		
heart follure	asthenia, etc. it me mplication which cou	eans the disease,	DUE TO, OR	AS A CONSEQUENCE OF:		
Injury or con	nplication which cou	sed death.)				
A	NTECEDENT CAU	CEC				
			DUE TO, OR	AS A CONSEQUENCE OF:		
RISE TO TH	OR CONDITIONS	(A) STATING TH	É	A CONSEQUENCE OF		
I DND-KIVI	NG CONDITION	LAST.	(c)	Activities and the second		
2	11					
OTHER SIGN	VIFICANT CONDITIO	ONS CONTRIBL	JTING			
() I TO THE DE	ATH BUT NOT RELA	TED TO THE TERM	MNAL			
T DISEASE OF	CONDITION GIVE	MINI DADT 1 (A				
DISEASE OR	CONDITION GIVE	N IN PART 1 (A)		AC DEPENDING		
DISEASE OF	CONDITION GIVE	N IN PART 1 (A)	FOR WHICH OPERATION WA	AS PERFORMED	21	AUTOPSY? (Yes ar Na)
0	CONDITION GIVE	N IN PART 1 (A)		AS PERFORMED	21.	AUTOPSY? (Yes or No)
Z22A. EXTER	F OPERATION 2010	EN IN PART 1 (A) B. CONDITION	FOR WHICH OPERATION WA	in ar about 22C. WHERE DID (If in Be		no
22A. EXTER	F OPERATION 2016 NAL CAUSE WAS	EN IN PART 1 (A) B. CONDITION	FOR WHICH OPERATION WA	In or about 22C, WHERE DID (If in Bo		no
22A. EXTER UNDERLYING	FOPERATION 201 NAL CAUSE WAS OR CONTRIB- USE OF DEATH.	EN IN PART 1 (A)	FOR WHICH OPERATION W/ 22B. PLACE OF INJURY(e.g., home, farm, factory, street, office	in ar about 22C, WHERE DID (If in Bo	altimare City, give exact lo	no
22A. EXTER UNDERLYING UTING CA 22D. TIME OF INJURY	FOPERATION 201 NAL CAUSE WAS OR CONTRIB- USE OF DEATH.	EN IN PART 1 (A) B. CONDITION	22B. PLACE OF INJURY (e.g., home, farm, factory, street, officer) 22E. INJURY OCCURRED.	in or about 22C, WHERE DID (If in Bo bidg., etc.) INJURY OCCUR?	altimare City, give exact lo	no
V 22A. EXTER UNDERLYND CAPPROX.)	FOPERATION 201 NAL CAUSE WAS OR CONTRIB- USE OF DEATH.	EN IN PART 1 (A)	22B. PLACE OF INJURY (e.g., home, farm, factory, street, officer) 22E. INJURY OCCURRED.	in or about 22C. WHERE DID (If in Bobldg., etc.) INJURY OCCUR?	altimare City, give exact lo	no
22A. EXTER UNDERLYING UTING CA 22D. TIME OF INJURY	FOPERATION 201 NAL CAUSE WAS OR CONTRIB- USE OF DEATH.	EN IN PART 1 (A) B. CONDITION (Year) (Hou	FOR WHICH OPERATION W/ 22B. PLACE OF INJURY (e.g., home, form, factory, street, office	in or about 22C. WHERE DID (If in Bobldg., etc.) INJURY OCCUR?	altimare City, give exact lo	no
22A. EXTER UNDERIVING UTING CA 22D. TIME OF INJURY (APPROX.) 23.	FOPERATION 201 NAL CAUSE WAS OR CONTRIB- USE OF DEATH.	N IN PART 1 (A) B. CONDITION (Year) (Hou	FOR WHICH OPERATION W/ 22B. PLACE OF INJURY (e.g., home, form, factory, street, office	in or about 22C. WHERE DID (If in Booking, etc.) INJURY OCCUR? 22F. HOW DID INJURY WHILE	oltimore City, give exact lo	no cotton)
22A. EXTER UNDERIVING UTING CA 22D. TIME OF INJURY (APPROX.) 23.	NAL CAUSE WAS CONTRIBUSE OF DEATH. (Manth) (Doy)	N IN PART 1 (A) B. CONDITION (Year) (Hou	I FOR WHICH OPERATION W/ 22B, PLACE OF INJURY (e.g., home, farm, factory, street, office of the control of the	in or about 22C, WHERE DID (If in Bobldg, etc.) INJURY OCCUR? 22F. HOW DID INJURY WHILE Tapsy and that on this bo	OCCUR?	no cotton)
22A. EXTER UNDERIVING UTING CA 22D. TIME OF INJURY (APPROX.) 23.	NAL CAUSE WAS CONTRIB- USE OF DEATH.	N IN PART 1 (A) B. CONDITION (Year) (Hou	FOR WHICH OPERATION W/ 22B. PLACE OF INJURY (e.g., home, form, factory, street, office	in or about 22C, WHERE DID (if in Bo bidg, etc.) INJURY OCCUR? 22F. HOW DID INJURY WHILE ORK and that on this be	OCCUR?	no cotton)
22A. EXTER UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.) 23. cert result	NAL CAUSE WAS CONTRIBUSE OF DEATH. (Manth) (Doy)	N IN PART 1 (A) B. CONDITION (Year) (Hou	I FOR WHICH OPERATION W/ 22B, PLACE OF INJURY (e.g., home, farm, factory, street, office of the control of the	in ar about 22C, WHERE DID (If in Backet in Street	OCCUR?	no cotton)
22A. EXTER UNDERIVING UTING CA 22D. TIME OF INJURY (APPROX.) 23.	NAL CAUSE WAS CONTRIBUSE OF DEATH. (Manth) (Doy) Ify that I held content from: Nature	(Year) (Hou	I FOR WHICH OPERATION WAR FOR WHICH OPERATION WAR 122B. PLACE OF INJURY (e.g., home, form, factory, street, office with the street of the stre	in or about 22C. WHERE DID (If in Bobldg, etc.) INJURY OCCUR? 22F. HOW DID INJURY WHILE tapsy and that on this book to be Homicide Under CHIEF MEDICAL EXAMINATION OF THE PROPERTY OF THE	OCCUR?	no contion)
22A. EXTER UNDERLYING UTING CAPPROX.) 23. cert result	NAL CAUSE WAS CONTRIBUSE OF DEATH. (Manth) (Doy) Ify that I held content from: Nature	(Year) (Hou	I FOR WHICH OPERATION W/ 22B, PLACE OF INJURY (e.g., home, farm, factory, street, office of the control of the	in ar about 22C. WHERE DID (If in Be bldg., etc.) INJURY OCCUR? 22F. HOW DID INJURY WHILE CORK ON THE BOOK OF TH	OCCUR? USIS, death in my opinermined manner NER NER NER NER NER NER NER NER NER NER NER NER NER	no cotton)
22A. EXTER UNDERLYING UTING CA CAPROX.) 23. cert resulting ACTUAL SIGNATI EXAMIN NAME (1	NAL CAUSE WAS CONTRIBUSE OF DEATH. (Manth) (Doy) Ify that I held coted from: Nature URE ER'S Rona (ype)	(Year) (Hou	I FOR WHICH OPERATION WAR FOR WHICH OPERATION WAR 122B. PLACE OF INJURY (e.g., home, form, factory, street, office with the street of the stre	in or about 22C. WHERE DID (If in Bobldg, etc.) INJURY OCCUR? 22F. HOW DID INJURY WHILE tapsy and that on this book to be Homicide Under CHIEF MEDICAL EXAMINATION OF THE PROPERTY OF THE	OCCUR? USIS, death in my opinermined manner NER NER NER NER NER NER NER NER NER NER NER NER NER	no contion)
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	ICAL EX	AMINER'S	CERTIFIC	CATE	OF DEA	TH REG. NO.	10	11268
BIRTH NO.			Un DATE		er			T.
(Type or Print)	ED.		2. DATE OF	Known [3.7	2/1	1970	Hour
MARY BAK		INCED DEAD	3. DATE	Estimoted	Manth	Doy	Year	Hour M.
FULL NAME OF (IF NOT IN HOSPITAL ADDRESS OR LOCATI	OR INSTITUTIO		PRONO	JNCED DEA	Nover	nber 24,	1970	10:00 A
OR INSTITUTION ST. AGNES HO	SPITAL		S. USUAL R A. STATE	esidence (Maryla		B. COUNTY HOWARD	n: residence b	before admission)
6. SEX 7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR			D. INSIDE C		
Female White	WIDOWED	_	Colu	nbia		,	res 🗆 :	NO 🗆
9. DATE OF BIRTH 10.AGE (In		ler 1 Yr. If Under 24 Hrs. s Doys Hours Min.	E. STREET	ND NUMB	R			
Oct. 14 1917	53 Manin	s Doys Hours Min.	5184 1	Evensta	r Place			
11. BIRTHPLACE (State or foreign country)	12. CI	TIZEN OF	13. FATHER	SNAME				ine mai
Lebannon, Penna.		HAT COUNTRY?		rge	R.	Pretz		
14A.USUAL OCCUPATION (Give kind of work)	48. KIND OF B	USINESS OR INDUSTR			NAME			
Teacher	School	system	Car	olyn	Tawne	y		
16. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (Il yes, give wor or dotes o		17. SOCIAL SECURITY NO.	18. INFOR	TANT			ADDRESS	
ne			Jose	ph Ba	ker 5	184 Eve	nstar	Place
19.		CAUSE OF DEA	TH					PROXIMATE INTERVAL
DISEASE OR CONDITION DIREC	TLY	Multipl	e Traur	natic I	njuries			
LEADING TO DEATH		(A)IMMEDIATE	AUSE					
(This does not mean the mode of dyla heart foilure, asthenio, etc. It means the injury or complication which coused deal	ng, e.g., disease,	DUE TO, OR	AS A CONSEQ	UENCE OF:				
injury or complication which coused deal	h.)							
ANTECEDENT CAUSES		(8)						
DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATE	GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:				
I UNDERLYING CONDINON 1ASI.	NO INE	(c)						
[]		(3/2						
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	HE TERMINAL	4						
20A. DATE OF OPERATION 20B. CON		HICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
បី							ye	C
22A. EXTERNAL CAUSE WAS	228. PI	ACE OF INJURY (e.g.,	In or about 2	2C. WHERE	DID (il in Boltin	ore City, give ex	. 1	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	home,	form, foctory, street, office Stree	e bidg., etc.) ii	NUKY OCC	Rte.	40 and I	Bethney	Lane
	(Hour) 22	EJNJURY OCCURRED	1 1 2	2F. HOW DI	D INJURY OC	CUR?	TCOLL	CILLY
OF INJURY (APPROX.) 11-24-70 8:30	A. WI	HILE AT NOT	WHILE T	Driver	in auto-	truck co	ollisio	n
23.								
I certify that I held an In	quiry	Inspection Au	tap sy X	and that	an this basi	s, death in my	opinion	
resulted from: Natural caus	es Ac	cident X Suicia	le 🔲 Ho	micide 🔲	Undeter	nined manner		
()	2111	, 1		CHIEF MEDI	CAL EXAMINE	· 🔲		DATE SIGNED
ACTUAL SIGNATURE	MICa	M.D	ASSI	STANT MEDI	CAL EXAMINE			DAIL SIGNED
EXAMINER'S Ronald N	. Kornbl			CIATE MEDI	CAL EXAMINE		1	.1/25/70
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	240	NAME of CEMETERY	or CREMATO	RY	24D. LOCATIO	N (City, low	n, or county)	(State)
Cremation 11/2h	/1970 :	East Harri	sburg	cemet	erv Han	risbur	r. Pa.	
25A. DATE REC'D BY HEALTH DEPT.	258. NAME (OF REGISTRAR		UNERAL DI			ADDR ESS	
HOV 30 1979 Res	E. Jall	475	Ro	bert	J. Mens	aban Ge	ttysbu	urg, Pa.
VS 151-REV. 1/1/6B	.0							V

2701 1970

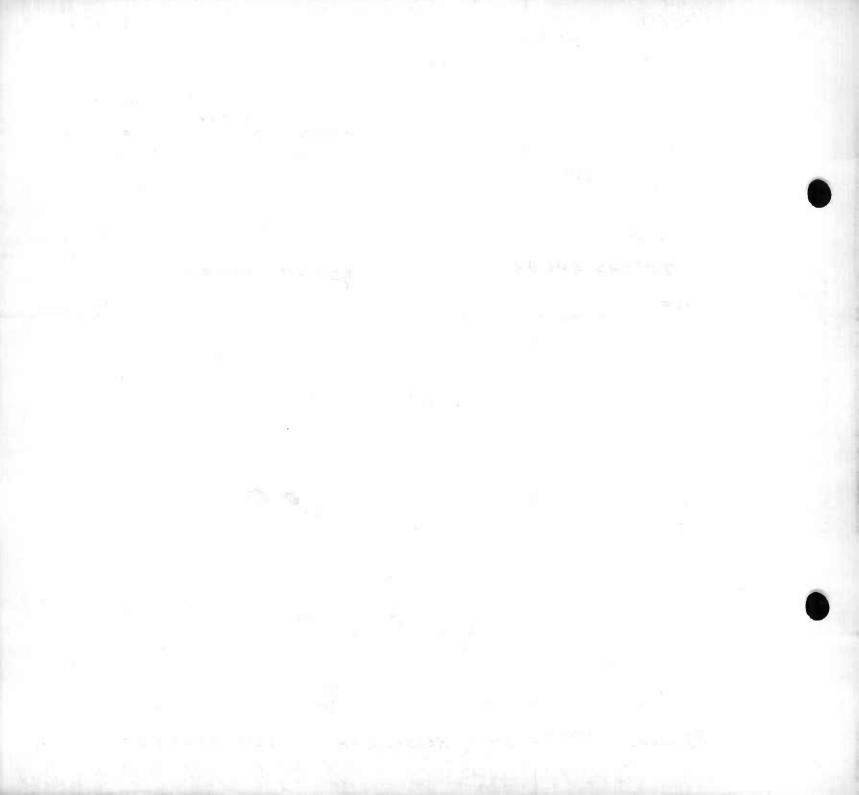
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is to 11/20/17 at the contract, in.

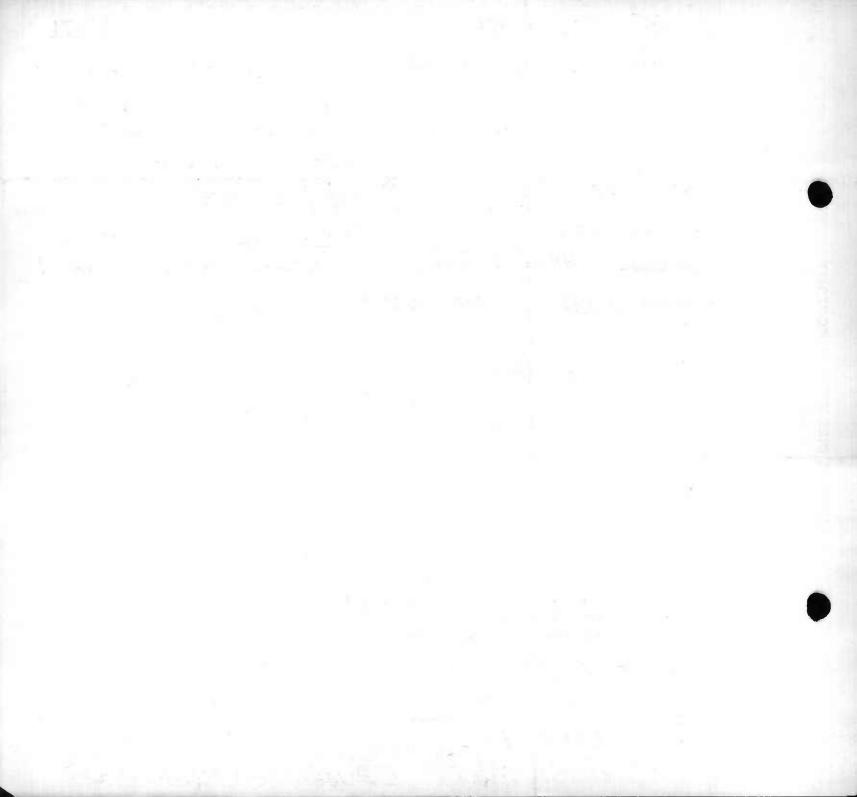
	0 1110					BALTIMORE	CITY HE	ALTH DEPART	MENT	,			
	- 460 RTH NO.		70 1	156	9	CERTIFI	CATE	OF DE	ATH	REG. NO	70 -	11569)
	Pe or Print)	1/// Z	:0	AN	NA	EMM	^	2.	DATE AN	D HOUR OF DEATH	1		
3.	PLACE IN BALT	IMORE MA	RYLAND, W	HERE PRO	NOUNCE	D DEAD		USUAL RESIDE	NCE (When	e deceosed lived, If	institution	residence he	Maria admission)
FL	JLL NAME OF OSPITAL OR STITUTION	(IF NOT		AL OR IN		GIVE STREET		State Yanglan a	B. COUN	ESSEX D. IN	2. B.	ALTO	2000
1	4 Bal	guno	re, !	MP	218	215	E.	STREET AND N		held	Av z	491	<u>'</u>
5.	SEX	6. RACE	W	7. MARRI	ED WNE	VER MARRIED	8. 5	ATE OF BIRTH		9. AGE IIn years	If Und	or 1 Yr. If	Under 24 Hrs.
1	Emale	Amer	rea	WIDOW	=	DIVORCED		1-11-11		lost birthdoyl	Months	Doys Ho	iurs Min.
10/	USUAL OCCU	PATION (Give	e kind of work	108, KIND	OF BUSIN	NESS OR INDU	JSTRY 11.	BIRTHPLA CE (SI	ote or forei	gn country!	12. CI1	IZEN OF WE	HAT COUNTRY
	House		on a tonical		_			4-5	S-A			Day	100
13.	FATHER'S NAM	NE (14.	MOTHER'S MA	IDEN NAM	A E		FIVER	705-
	+ HO	OMAS	EDG	AR				050	_	E 6			
15.	Was Deceased s, no or unknown!				16.50	DCIAL	17.	NFORMANT	V7	EWING		ADDRESS	
пе	NE	Ut yes, give	war or doles	of servic	el \$1	ECURITY NO.		Willso	an C.	Culle	·	Sam	-
	18. 195	70 I				CAUSE OF D	EATH						ATE INTERVAL
		E OR COND	DITION DIRE	ECTLY				- 1	2	11			/
	!This does no	I meon the	made of	dying, e	.Q.,	(A) IMMEDIATE		zman K	530 V	roger		121	<u>ن</u>
	heart lailure, a	islhenia, ela	c. It means t	the disec	se,	DUE 10, 0	IK AS A CO	NSEQUENCE OF		10			
		NTECEDEN'		ueam.)		0			1	11			
					E"	(B) Ca	rein	man	_ حر	soder			
	DISEASES OF	above co	ause IA) :	ny, ger slaling	ng he	DUE 10, 0	JR AS A C	ONSEQUENCE C)r:				
	UNDERLYING	CONDITIO	N last.			(c)		*********				<u> </u>	
z		- 11											
2	OTHER SIGNIFIC TO THE DEATH	BUT NOT RE	FLATED TO THE	F TERMIN	G AL								
CERTIFICATION	19A.DATE OF	INDITION GI	VEN IN PART	1 (A).		OPERATIONS		OA ALIZOBEYA	.	200 45 450			***************************************
TIF	11-9-	70	WAS PERFO	RMED	12	11 . 1	ľ	A AUTOPSY?	Sec or Go	IN CERTIFYING CA	FINDING:	S CONSIDER DEATH?	LED
CE	21A. ACCIDENT	WAS UND	ERLYING	104	1B PLACE	OF INJURY	e.g., In or o	ibout 21C. WHE	RE DID	(If In Rolling	ra Clhe air	vo exoct loco	411
MEDICAL	DEATH (notify r	ING CAU	ISE OF		nome, farm	factory, street	et offico l	INJURY O	CCUR?	pi in commo	re City, gir	VO EXOCT IOCO	nan j
AED	OF INJURY	Month! (De	ay) (Yearl			Y OCCURRED		21F. HOW	חנאו סום	IRY OCCUR?			
<	(APPROX.)	-			White At [HON E	While E					100	
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	5	- 130	noh	an	1		Attending	Med.	🗆 :	Staff Phys.	11-	96 2	70
	23C. PHYSICIAN	rs			·	DEGREE	Phys. 23D. /	ADDRESS	or L.	hys. W	11	27001	· .
	NAME (IVE	VAA	REI	Vr H	001	/		Parce	1/200	16/1/2	,	MADO	10.1
24A	BURIAL CREM	ATION, 248	DATE	1 C CY	NAME OF	CEMETERY OF	GREE C	DRY	124D. 10	CATION		14 21	12/5
	REMOVAL (Sp	acifyl	11/27/-	A 1	ر ا رسم ر	1/-	. Chartiet				ity, town,		(State)
25A	DATE REC'D	Y HEALTH	DEPT.	-	EW	KENSI	INGT	CW SUNGON S	NE	W KENS,	10.6.		PA.
A	10/ 3 V. 4	oran O	0.00	3. Q	OF REGI	STRAR	2	5C. FUNERAL E	PIRECTOR	. 10.	1. 3	ADDRES	is l
VS	150-REV. 1/1/68	TRO V.	THE STATE OF	Antick	A 6.5-65	+		411	1 00	muly	May	MARY	1 aug



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	RTH NO.		MEL	ICAL	. EAF	AMINER'S	CEKTIFI	CATE OF	DEAT	M REG. NO	70 3	1.1.07.0
	NAME OF DE						2. DATE	Known 🖺	Month	Doy	Year	Hour
(1)	pe or rrimi)	E]	llen M.	Herp	у		OF DEATH	Estimoted	11	27	70	3:20 a.
FU	PLACE IN BA LL NAME OF DSPITAL					GIVE STREET		JNCED DEAD	Month 11	27	Yeor 70	3:20 a.
OR	HOITUTION		Maryla	nd Ge	nera	1 Hospital	5. USUAL R	ESIDENCE (Where	deceased li	ed. If Institution B. COUNTY	residence b	efore odmission)
6.	SEX	7. RACE		8. MARR	IED I	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	
	emale		asian	WIDOW	VED 🗆	DIVORCED	111	to.		YE	s X I	10 D
9.	DATE OF BIRT		10. AGE (la	yeors		1 Yr. II Under 24 Hr.	E. STREET A	ND NUMBER				
Ļ	2-23-19		70					N. Charl	es St.	- Apt.	64A	
11.	BIRTHPLACE (gn country)		12. CITIZ	ZEN OF AT COUNTRY?	13. FATHER	SNAME				
	Ohi	_				U. S. A.	????					
don	USUAL OCCU during most of	JPATION (GI working lile, e	ve kind of work ven il retired)	148. KIND	OF BUS	INESS OR INDUST	RY 15. MOTHE	R'S MAIDEN NAM	/E			
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(Ye	WAS DECEAS	(il yes, give	wor or dates	of service	7 17.	SOCIAL SECURITY NO.	18. INFORM			9 Bango	PRESSen	ue
_	00	2						ul Koykka	, 佐井井	Gardie		s, Ohio
н	19. 4/	2,41	12	3 7	5 K	CAUSE OF DE	ATH					ROXIMATE INTERVAL EN ONSET AND DEATH
н	DISEAS		OTTON DIREC	CTLY	1		A					1 *
ш	(This does a	LEADING To		log e.e		(A)IMMEDIATE	CAUSE	terioscler	otic (cardiova	scular	disease
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CERTIFICATION	DISEASES RISE TO TH UNDERLYII OTHER SIGN TO THE DE DISEASE OF	OR CONDITIE ABOVE CANG CONDITIES	IONS, IF ANY LUSE (A) STATION LAST. II NDITIONS CO T RELATED TO I GIVEN IN PA	ONTRIBUT THE TERMI	ING INAL	(C)	flagrati	Lon				SY? (Yes or No)
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EDICAL	DISEASES RISE TO TH UNDERLYII OTHER SIGN TO THE DE DISEASE OF 20A. DATE OF 22A. EXTER UNDERLYING UTING CA	OR CONDITION E ABOVE CA NG CONDITION NIFICANT ON R CONDITION F OPERATION NAL CAUSE CONDITION NAL CAUSE CONDITION OF CONDIT	IONS, IF ANY USE (A) STATION LAST. II NOTIONS CO I GIVEN IN PA N 208. CON WAS ITRIB- ATH.	ONTRIBUT THE TERM ART 1 (A). NOTTION	FOR WHI	CONTICH OPERATION VICE OF INJURY (e.g. m, foctory, street, off	flagrati VAS PERFORM , in or obout 2: ce bldg, etc.)	ED CC. WHERE DID (INDIRY OCCUR?	.800 N	. Charle	ct location)	yes
EDICAL	OTHER SIGN TO THE DE DISEASE OF THE DISEAS	OR CONDITION E ABOVE CA NG CONDITION VIFICANT CO ATH BUT NO R CONDITION F OPERATIO VIAL CAUSE CONDITION CONDITION F OPERATIO VIAL CAUSE (Month) (i	IONS, IF ANY USE (A) STATION LAST. II NDITIONS CC I RELATED TO I GIVEN IN PA WAS ITRIB- ATH. Doy) (Year	ONTRIBUT THE TERMI ART 1 (A)- NOTION	FOR WHI	CON ICH OPERATION V	flagrati	ED 2C. WHERE DID (UURY OCCUR?	800 N	Charle	ct location)	yes
EDICAL	OTHER SIGN TO THE DE DISEASE OF LOTHER SIGN TO THE DISEASE OF LOTHER SIGN THE DISEAS	OR CONDITION E ABOVE CA NG CONDITION NIFICANT ON R CONDITION F OPERATION NAL CAUSE CONDITION NAL CAUSE CONDITION OF CONDIT	IONS, IF ANY USE (A) STATION LAST. II NDITIONS CC I RELATED TO I GIVEN IN PA WAS ITRIB- ATH. Doy) (Year	ONTRIBUT THE TERMI ART 1 (A). NOTION	FOR WHI	CON ICH OPERATION V	flagrati VAS PERFORM , in or obout 2: ce bldg, etc.)	ED CC. WHERE DID (INDIRY OCCUR?	800 N	Charle	ct location)	yes
EDICAL	OTHER SIGN TO THE DE DISEASE OF THE DISEAS	OR CONDITION E ABOVE CAN NG CONDITION VIFICANT CO ATH BUT NO R CONDITION F OPERATIO VIAL CAUSE CONDITION F OPERATIO VIAL CAUSE (Month) (i) 11-27-	IONS, IF ANY USE (A) STATION LAST. II NDITIONS CC I RELATED TO I GIVEN IN PA WAS ITRIB- ATH. ODY) (Year	ONTRIBUT THE TERM ART 1 (A). NOMON 1	FOR WHILE	CC OF INJURY (e.g. m, foctory, street, off Home NJURY OCCURRED EAT NO	flagrati VAS PERFORM in or obout 2: tee bldg., etc.)	ED 2C. WHERE DID (UURY OCCUR? 2F. HOW DID IN) Conflagra	800 N URY OCCU	Charle	s St.	yes
EDICAL	OTHER SIGN TO THE DESCRIPTION OF	OR CONDITION E ABOVE CAN NG CONDITION VIFICANT CO AITH BUT NO R CONDITION F OPERATIO VIAL CAUSE CONDITION F OPERATIO VIAL CAUSE (Month) (() 11-27-	IONS, IF ANY USE (A) STAT ITON LAST. II NDITIONS CC I RELATED TO I GIVEN IN PA WAS ITRIB- ATH. Poy) (Year	ONTRIBUT THE TERMI ART 1 (A). DOMON 1	FOR WHILE 228. PLAC home, for 22E. Ji WHILE m. WORK	CC) CC) CC) CC) CC) CC) CC) CC)	flagrati WAS PERFORM In or obout 2: toe bldg, etc.) IN T WHILE	ED 2C. WHERE DID (UURY OCCUR? 2F. HOW DID INJ Conflagra and that on th	800 N URY OCCU	Charle RR? In home death in my	s St.	yes
EDICAL	OTHER SIGN TO THE DESCRIPTION OF	OR CONDITION E ABOVE CAN NG CONDITION VIFICANT CO AITH BUT NO R CONDITION F OPERATIO VIAL CAUSE CONDITION F OPERATIO VIAL CAUSE (Menth) (() 11-27-	IONS, IF ANY USE (A) STATION LAST. II NDITIONS CC I RELATED TO I GIVEN IN PA WAS ITRIB- ATH. ODY) (Year	ONTRIBUT THE TERMI ART 1 (A). DOMON 1	FOR WHILE 228. PLAC home, for 22E. Ji WHILE m. WORK	CC OF INJURY (e.g. m, foctory, street, off HOME AT AT Spection AT AT A	flagrati VAS PERFORM In or obout 2: ce bidg, etc.) IN T WHILE WORK Utopsy Ho	ED 2C. WHERE DID (UURY OCCUR? 1 2F. HOW DID INJ Conflagra and that on the	800 N URY OCCU tion :	Charle	s St.	yes
EDICAL	OTHER SIGN TO THE DESCRIPTION OF	OR CONDITION E ABOVE CAN NG CONDITION VIFICANT CO ATH BUT NO R CONDITION F OPERATIO WAL CAUSE CONDITION (Month) (() 11-27- Alfy that I be ted from: N	IONS, IF ANY USE (A) STAT ITON LAST. II NDITIONS CC I RELATED TO I GIVEN IN PA WAS ITRIB- ATH. Poy) (Year	ONTRIBUT THE TERMI ART 1 (A). DOMON 1	FOR WHILE 228. PLAC home, for 22E. Ji WHILE m. WORK	CC) CC) CC) CC) CC) CC) CC) CC)	flagrati VAS PERFORM In or obout 2: ce bidg, etc.) IN T WHILE WORK Utopsy Ho	ED 2C. WHERE DID (UURY OCCUR? 2F. HOW DID INJ Conflagra and that on the micide L CHIEF MEDICAL E	800 N URY OCCU tion : is basis, Indetermination	Charle RR? In home death in my	s St.	yes
EDICAL	DISEASES RISE TO TH UNDERLYII OTHER SIGN TO THE DE DISEASE OF 20A. DATE OF 22A. EXTER UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.) 23. I corr result ACTUAL SIGNAT	OR CONDITION OF CO	IONS, IF ANY USE (A) STATION LAST. II NDITIONS CC I GIVEN IN PA N 208. CON WAS ITRIB- ATH. Doy) (Year	DNTRIBUTTHE FERMINANT 1 (A)- NOTION 1 2:56 nquiry [FOR WHILE 228. PLAC home, for WHILE M. WORK Accid	CC) CC) CC) CC) CC) CC) CC) CC)	flagrati AS PERFORM In or obout 2: ce bldg, etc.) In T WHILE WORK J top sy ASSIS	ED CC. WHERE DID (UURY OCCUR? Conflagra and that on the micide CHIEF MEDICAL ENTANT MEDICAL	800 N URY OCCU tion : is basis, Indetermine KAMINER KAMINER	Charle PR? In home death in my oned manner	s St.	Apt. 64A
EDICAL	DISEASES RISE TO TH UNDERLYII OTHER SIGN TO THE DE DISEASE OF 20A. DATE OF 22A. EXTER UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.) 23. 1 confined CA CA CATUAL SIGNAT EXAMIN	OR CONDITION OF CO	IONS, IF ANY USE (A) STAT ITON LAST. II NDITIONS CC I RELATED TO I GIVEN IN PA WAS ITRIB- ATH. Poy) (Year	DNTRIBUTTHE FERMINANT 1 (A)- NOTION 1 2:56 nquiry [FOR WHILE 228. PLAC home, for WHILE M. WORK Accid	CC) CC) CC) CC) CC) CC) CC) CC)	flagrati AS PERFORM In or obout 2: ce bldg, etc.) In T WHILE WORK J top sy ASSIS	ED 2C. WHERE DID (UURY OCCUR? 2F. HOW DID INJ Conflagra and that on the micide L CHIEF MEDICAL E	800 N URY OCCU tion : is basis, Indetermine KAMINER KAMINER	Charle PR? In home death in my oned manner	s St.	Apt. 64A
MEDICAL	DISEASES RISE TO THE UNDERLYII OTHER SIGN TO THE DE DISEASE OF 20A. DATE O 22A. EXTER UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.) 23. I corr result ACTUAL SIGNAT EXAMININ NAME (I	OR CONDITION E ABOVE CAN NG CONDITION VIFICANT CO ATH BUT NO R CONDITION F OPERATIO CONDITION COND	INDITIONS CON INTERIOR (A) STATE (A)	ONTRIBUT THE FERMINART I (A)- NOMION I 2:56	22B. PLAC home, for WHILE m., WORK Accid	CC) CC) CC) CC) CC) CC) CC) CC)	flagrati AS PERFORM In or obout 2: cee bldg, etc.) In YAS PERFORM In or obout 2: Cee bldg, etc.) In ASSIS ASSO	ED 2C. WHERE DID (UURY OCCUR? 2F. HOW DID IN) Conflagra and that on the micide the continuous transfer of the continuous tr	800 N URY OCCU tion : is basis, Indetermine KAMINER KAMINER	Charle RY In home death in my oned manner	s St.	Apt. 64A DATE SIGNED 27/70
MEDICAL	DISEASES RISE TO THE UNDERLYII OTHER SIGN TO THE DE DISEASE OF 20A. DATE OF 22A. EXTER UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.) 23. I corr result ACTUAL SIGNAT EXAMIN NAME (I	OR CONDITION F ABOVE CAN NG CONDITION OR CONDITION F OPERATIO CONDITION F OPERATIO CONDITION OR CONDITION	INDITIONS CONTROL (Year Actual Cause) WAS STRIB-ATH. Doy) (Year Actual Cause) Related to 10 (Year Actual Cause) Related Cause) Related Cause Related Cause Return C	ONTRIBUT THE FERMINART I (A)- NOMION I 2:56	22B. PLAC home, for WHILE M. WORK Accid	CC) CC) CC) CC) CC) CC) CC) CC)	T WHILE WORK ASSIS	ED 2C. WHERE DID (UURY OCCUR? 2F. HOW DID IN) Conflagra and that on the micide	800 N. URY OCCU tion : is basis, Judetermin KAMINER KAMINER KAMINER	Charle OR? In home death in my ned manner Color, town,	s St.	Apt. 64A
WEDICAL 244	DISEASES RISE TO THE UNDERLYII OTHER SIGN TO THE DE DISEASE OF 20A. DATE O 22A. EXTER UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.) 23. I corr result ACTUAL SIGNAT EXAMININ NAME (I	OR CONDITION F ABOVE CAN NG CONDITION OR CONDITION F OPERATIO CONDITION F OPERATIO CONDITION F OPERATIO CONDITION F OPERATIO CONDITION CONDITI	NONS, IF ANY USE (A) STATION LAST. II NDITIONS COT I RELATED TO I GIVEN IN PARTICLE I TRIB. ATH. Doy) (Year TO Reld an li Retural cause Leter Li 248. DATE 12-1-	DNTRIBUTTHE FERMINART 1 (A)- NDITION 1 2:56 nquiry [pk&vi	FOR WHILE 22B. PLAC home, for 22E. Ji WHILE m. WORK Accid	CC) CC) CC) CC) CC) CC) CC) CC)	flagrati VAS PERFORM In or obout 2: ce bidg, etc.) IN I WHILE WORK L L L L L L L L L L L L L L L L L L L	ED 2C. WHERE DID (UJURY OCCUR? 2F. HOW DID INJ Conflagra and that on the micide L CHIEF MEDICAL ED TANT MED TANT MEDICAL ED TANT MEDICAL ED TANT MEDIC	SOO N. URY OCCU tion : is basis, Judetermine KAMINER KAMINER KAMINER	Charle RRY In home death in my med manner Clay, town, (City, town,	opinion 11/2	Apt. 64A DATE SIGNED 27/70
WEDICAL 25.	DISEASES RISE TO THE UNDERLYII OTHER SIGN TO THE DE DISEASE OF 20A. DATE OF 22A. EXTER UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.) 23. I corr result ACTUAL SIGNAT EXAMIN NAME (I) A. BURIAL CRE MOVAL (Speci	OR CONDITION AND CONDITION OF C	NONS, IF ANY USE (A) STATION LAST. II NDITIONS COT I RELATED TO I GIVEN IN PARTICLE I TRIB. ATH. Doy) (Year TO Reld an li Retural cause Leter Li 248. DATE 12-1-	DNTRIBUTTHE FERMINAL (A)- NDITION (A)- NDITION (C) (Hours (C) (2:56) nquiry (C) (1970) [258, Na	FOR WHILE 22B. PLAC home, for 22E. J. WHILE M. WORK Accid 24C. N Ed	CC) CC) CC) CC) CC) CC) CC) CC)	T WHILE WORK ASSIS	ED 2C. WHERE DID (UURY OCCUR? 2F. HOW DID IN) Conflagra and that on the micide	BOO N. URY OCCU tion : is basis, Judetermine KAMINER KAMINER KAMINER CAMINER > OCATION Cheabu	Charle RRY In home death in my ned manner (City, town, 1a, Ohio WSOn, 10	opinion 11/2 or county) DORESS	Apt. 64A DATE SIGNED 27/70 (Stote)

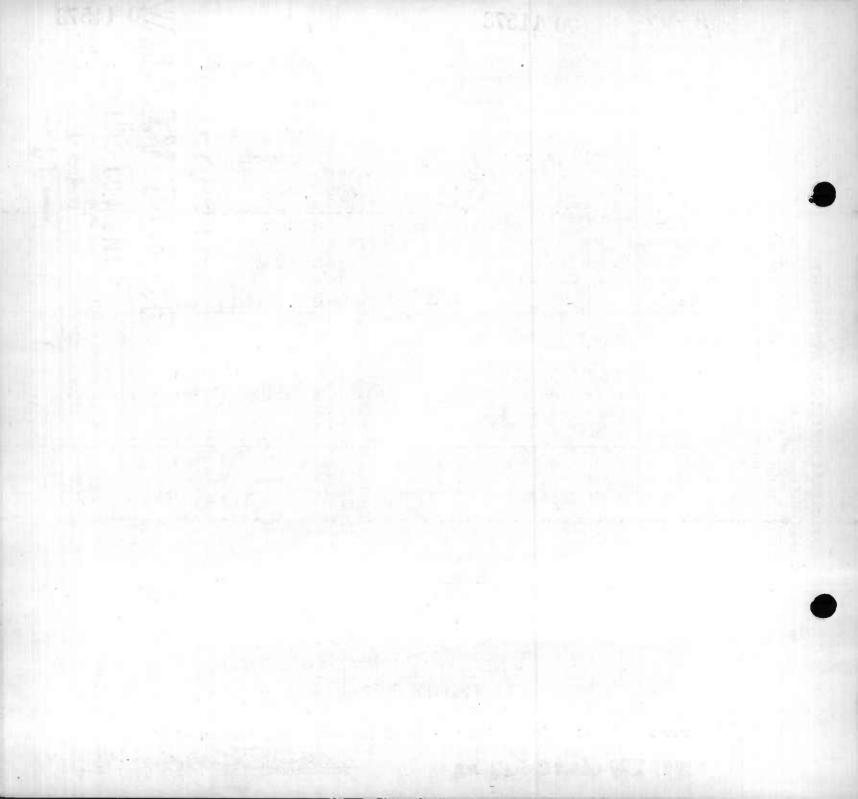
Letter from M.E.'s office 1-19-71 M.H.

REG. NO. 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE IWhere deceased lived. If institution residence before admission D. INSIDE CITY LIMITS? YES NO T MARLES 9. AGE (In years Il Under 1 Yr. Months! Doys Il Under 24 Hrs. Hours lost birthdoy 12. CITIZEN OF WHAT COUNTRY? APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exact location) and that in (my) (Dec) opinion death occurred an the date 23B, DATE SIGNED (City, town, or county)



	5-430 70 11572	BALTIMORE CITY HEAL CERTIFICATE		X REG. NO. 70	11572
	I.NAME OF DECEASED	44	2. DATE AND	HOUR OF DEATH	
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	D DEAD 14. US	SUAL RESIDENCE (Where	decessed lived. If institutions	maridance before advisain
7	FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION! George WAShington Nurs.	i, give street ing Home C.CII	ATE & COUNTY OF TOWN ASh ing Its REET AND NUMBER	D. INSIDE CITY YES	V-48 8
age.	607 fewnsylvania 400.	İ	114 4, 84	nE apt 1	09
3	Jamale Black WIDOWED N	DIVORCED 3	18/1900 10	st birthdoy) Months	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
LION	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSI dope during most of working life, even if retired)	NESS OR INDUSTRY 11,7818	AShrwaton	DC 12. Cl	US A
200	Solomon DAULS	14. M	OTHER'S MAIDEN NAM	1\ -1	
5	15. Was Deceased Ever in U. S. Armed Forces? 16.5	ECURITY NO.	FORMANT	UAINER	ADDRESS
	18.412.31	CAUSE OF DEATH	NART		APPROXIMATE INTERVAL
5	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		- 1	1 - 1	BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc., It means the disease, injury or complication which caused death.)	(A) IMMEDIATE CAUSE C DUE TO, OR AS A CONS	EQUENCE OF:	terrelus	yens
	ANTECEDENT CAUSES	(B) arter	solutie /	Pertolesus	nen
3	DISEASES OR CONDITIONS, if ony, giving rise to the obave cause (A) stoling the UNDERLYING CONDITION last.	(B) DUE TO, OR AS A CON	ISEQUENCE OF:	ulinel	1/10/0
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL STORY DISEASE OR CONDITION GIVEN IN PART 1 (A).		*******************************	*******************************	######################################
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1	OPERATION 20A	AUTOPSY? (Yes or No)	208, IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?
. 11	OR CONTRIBUTING CAUSE OF homo, for DEATH (notify medical examines)	E OF INJURY (e.g., in or obo n, factory, street, office bldg	ut 21 C. WHERE DID INJURY OCCUR?	(If In Boltimore City, gl	ve oxoct locotion)
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJU While At Work	RY OCCURRED Not While At Work	21F. HOW DID INJUR	Y OCCUR?	
	22. 1 certify that (1) (this hospital) attended the dec	eased from	5/2 19	67 to	1/26 19 70
	that (1) (we) last saw the deceased alive an	. /	9and that	In(my) (aur) apinian dea	th accurred on the date
	and have and from the causes stated above. (1) (We)	(did) (did not) view the	bady after death.	23 B, DA	TE SIGNED
	al May	Attending Phys.	Med. Ste	off Ch	1/26/20
	23C. PHYSICIAN'S NAME (Typo) ALLAN H. MACHT	- MODEGREE 2	- 1	SP Bet	Md 21202
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 1127,70 24C. NAME o		Y 24D. LOC	ATION (City, town,	or couply) (Stoto)
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REG	ISTRAR 25C	PUNERAL DIRECTOR	1000	ADDRESS
	NOV30 1970 Robert E. Farker	rea al	Dhia Me Ci	ummon 25021	W. NORTH AVE. 11.

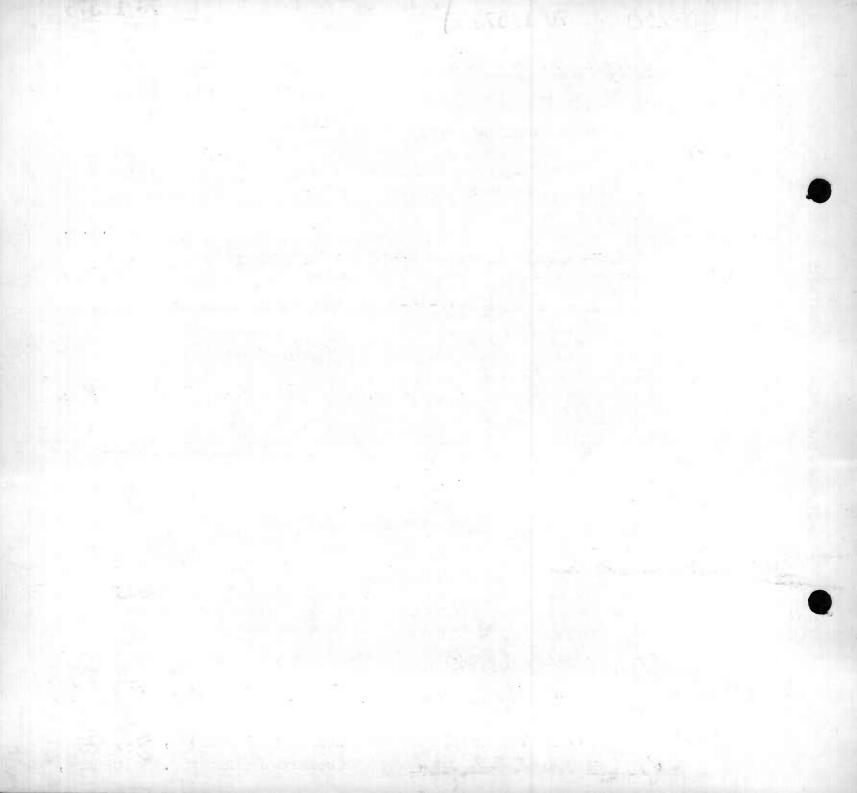
M =11	7)	1 5 50		HEALTH DEPARTMENT		70 11578	
PITH NO	70 :	11573	CERTIFICA	TE OF DEATH	REG. NO	70 11370	
NAME OF DEC					AND HOUR OF DEATH	in alone	
	HESSIE		ANUEL	Nove	mber 25, 197	0 12 200	
B. PLACE IN BAI	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE B. CO	UNTY	institution: residence before admissio	
ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland c. CITY OR TOWN	10-001	26-34	
NSTITUTION				Baltimore 2		SIDE CITY LIMITS? /	
"				E. STREET AND NUMBER		113 23 110 2	
01) 914 Quai	ntril Wa	зу	914 Quant	cril Way		
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.	
Female	Cau	WIDOWED		July 6, 191			
one during most of	working life, even if retired)			11. BIRTHPLACE (State or		12, CITIZEN OF WHAT COUNTI	
Laborer Pa		Pack:	ing House	Virginia		USA	
3. FATHER'S NA				14. MOTHER'S MAIDEN	NAME		
	William Taylo	or		Flore Gree	r		
S. Was Deceased Yes, no or unknown	d Ever in U. S. Armed For	ces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No	-		194 22 9856	Russell E. Ma	nuel Sa	me	
1B. 174	L X		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	
DISEA	SE OR CONDITION DI	RECTLY			,	- N/	
	LEADING TO DEATH		(A)IMMEDIATE CAL	ice (ac)	Lit Cai	3140	
	not mean the mode of		DUE TO, OR AS	A CONSEQUENCE OF:			
	, osthenio, etc. It meons mplication which caused						
			7H	Nomaca I Co	Brust Ca	3-4.	
	ANTECEDENT CAUSES		(B)	41 What C	garaf ce	comon o 14	
	OR CONDITIONS, if above couse (A)		DUE TO, OR AS	A CONSEQUENCE OF:		U	
	G CONDITION lost.		(C)				
_	11						
	FICANT CONDITIONS CO						
DISEASE OR	F OPERATION 198 CON	RT † (A).	WHICH OPERATION	20 A. AUTOPSY? (Yes or	Nol 208, IF YES. WERE	FINDINGS CONSIDERED	
19A. DATE O	WAS PER				IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?	
21A. ACCIDE	NT WAS UNDERLYING	218	PLACE OF INJURY (e.g.,	in or obout 21 C, WHERE DIE	(If In Boltim	ore City, give exoct location)	
DEATH (notif	UTING CAUSE OF y medical examiner)	hon etc.		ffice bldg., INJURY OCCUR	?		
0 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E	. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
OF INJURY			nile At Not Whi				
		Wo			14	4/	
22. I certify	that (this haspita	l) attended t	he deceased fram	Jan 1	19 68 to	19/0	
that (1) (we) last saw the decease	ed alive an	9	19 /C) and	that In (my) (aur) a	pinian death occurred on the de	
and have an	d from the causes sta	ted abave	(We) (did) (dld nat)	view the bady after dea	th.		
23A. SIGNAT	HRE		000		The state of the s	23B. DATE SIGNED	
0	Cerymond	AC.	Sahn DEGREE Phy	ending Med. Director	Staff Phys.	11/26/70	
23 C. PHYSICIA	AN'S Type	10	MONE	23D. ADDRESS) V -	1 01	
	AMOWO	1 1)	BAHK	#//	3UCKSP	an I w	
4A. BURIAL CRI	Specify 248. DATE	24C. N	AME of CEMETERY OF CR	EMATORY 24D	LOCATION (City, town, or county) (State)	
Removal	11/27/	70 WI	right Funeral	Home	Damascus, Vir	ginia	
25A. DATE REC'E	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C) FUNERAL DIREC	13 - //	ADDRESS	
BOW SO.	MA QLOS	Ja Bon	ACD I	1 Jumes	EX sellate	fleer	
A PARTIE OF THE	COM Access C	And Spile	-	ruzdzinski	funeral lon	2 1407 Eastern Ave	



VS 150-REV. 1/1/68

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT	1575
D-120 70 11575 CERTIFICATE OF DEATH	3.0740
1. NAME OF DECEASED (Type or Print) (Type or Print)	12:10 1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: res	sidence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	ITY 27-68
THE JOHNS HOPKING HOSPITAL BALTIMORE YES	NO 🗌
IE. SIREEI AND NUMBER	212
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months	1 Yr. If Under 24 Hrs. Doys Hours Min.
FEMALE WHITE WIDOWED DIVORCED 9-22-82 88	
done during most of working life, even if retired)	EN OF WHAT COUNTRY?
13. FATHER'S NAME	7,000
GEORGE MANNY Alexander Noble MARXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	on
	ADDRESS
	sham Avo
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH (A) IMMEDIATE CAUSE Renal Failure	3 days
(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which caused death.)	346
ANTECEDENT CAUSES Perforated Duodenal aller	14 days
DISEASES OR CONDITIONS, if ony, giving OUE TO, OR AS A CONSEQUENCE OF:	the state of the s
rise ta the obave couse (A) stoling the UNDERLYING CONDITION last. (C)	
other significant conditions contributing to the Death But not related to the terminal disease or condition given in Part 1 (A).	e. At
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED (1/20) 20A. AUTOPSY (Yes of No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF DESCRIPTION OF	CONSIDERED DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	
DEATH (notify medical examiner) ————————————————————————————————————	E-3
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
While At Not While Work At Work	park
22. I certify that (1) (this hospital) attended the deceased from 1970 to 1-25 thot/(1) (we) lost sow the deceased clive on 1/-25 1970 and that in (my) (our) opinion dect	19/0
and hour ond from the couses stoted obove (1) (We) (did) (did not) view the body after deoth.	an occurred on the dore
	E SIGNED
Leon C Parks MD OEGREE Phys. Med. Director Stoff Phys. 11-	-25-70
23C. PHYSICIAM'S NAME (Type) LEON C Parks MD DEGREE Johns Hopkins Hosp, Balt	4. Md
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, of REMOVAL (Specify)	r county) (Stote)
Burial 11/30/70 Baltimore National Baltimore, Mary	land
NOV 30 1970 Rober & Jacker & Leonard J Ruck Inc. Balt.	



Parkwood

258. NAME OF REGISTRAR

Baltimore.

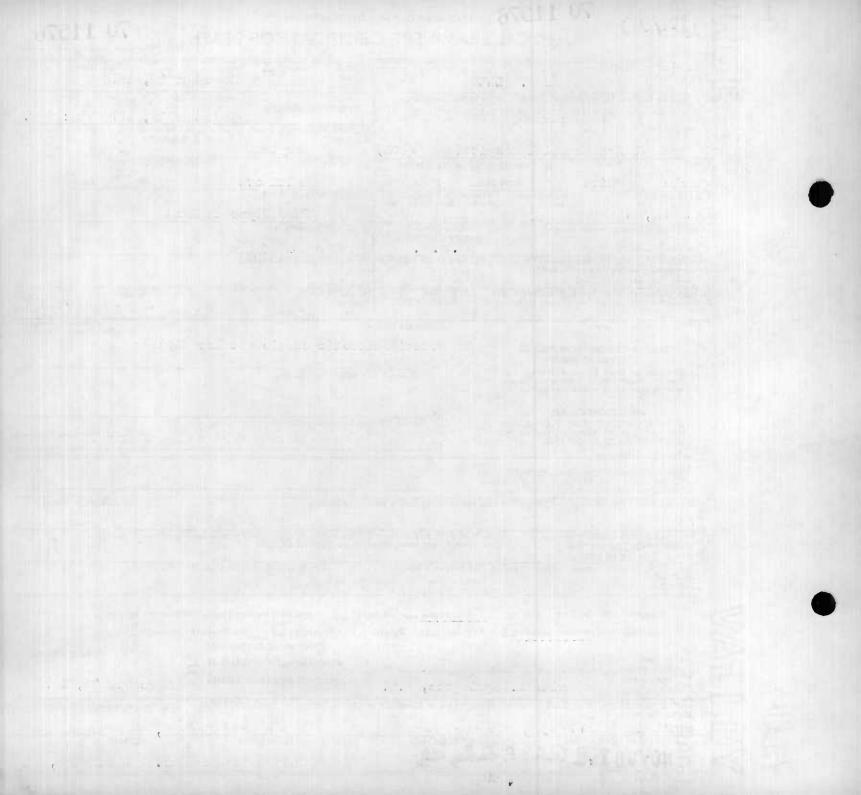
25C. FUNERAL DIRECTOR

Maryland

Ruck Inc. Baltimore.

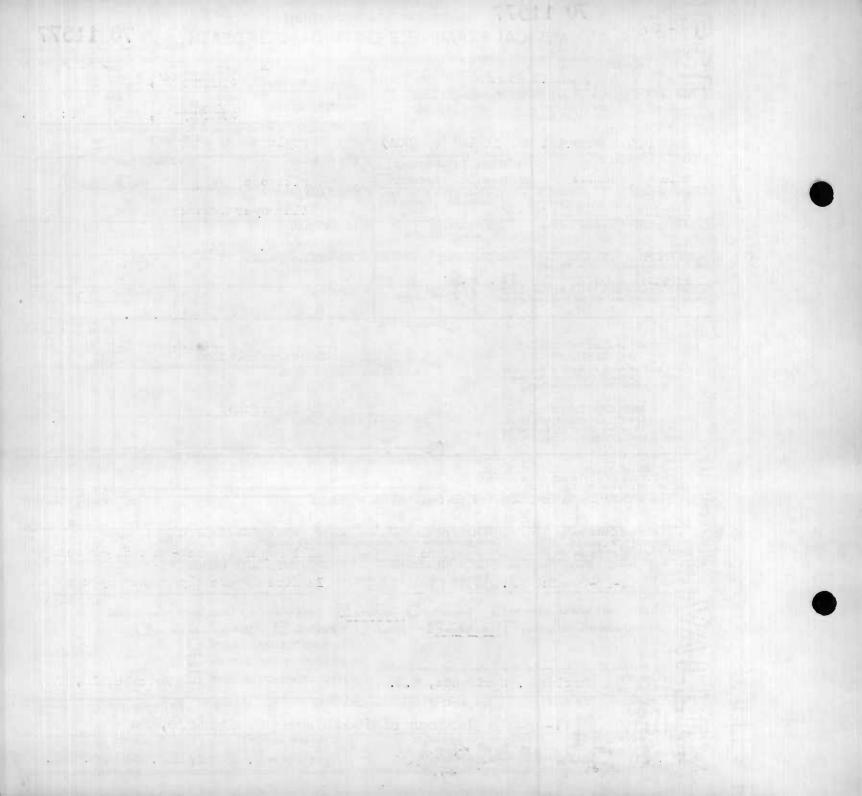
VS 151-REV. 7/1/68

Burial



A SHEET WELL AND A SHEET

VS 151-REV. 1/1/68



Gardens of Faith

25C. FUNERAL DIRECTOR

Leonard J. Ruck

258. NAME OF REGISTRAR

Burial 1
25A. DATE REC'D 8Y HEALTH DEPT.

VS 151-REV. 1/1/68

Md.

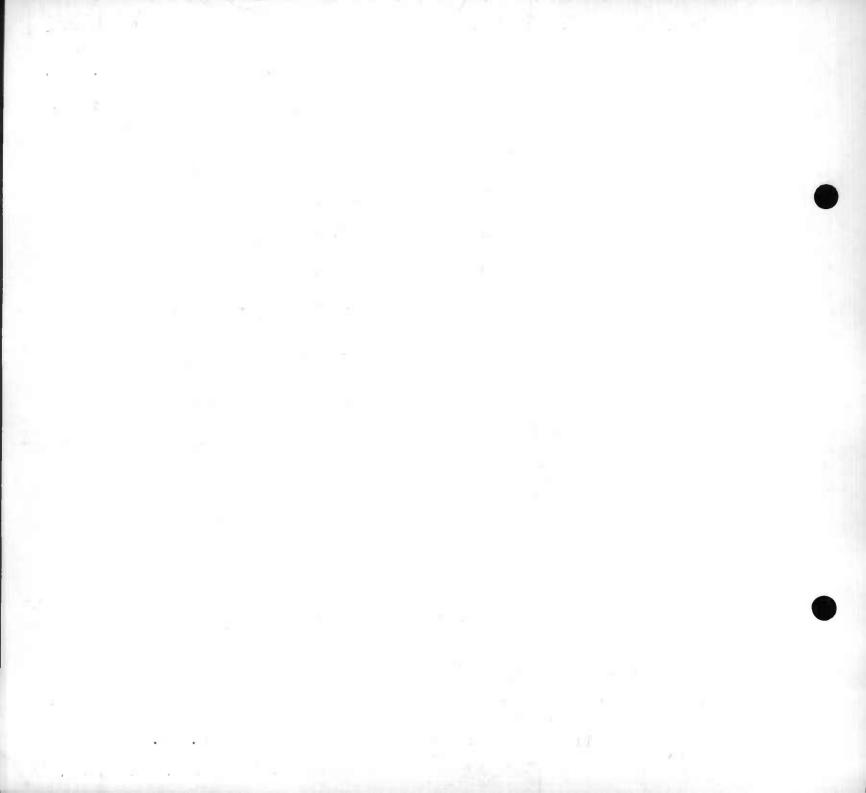
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ADDRESS

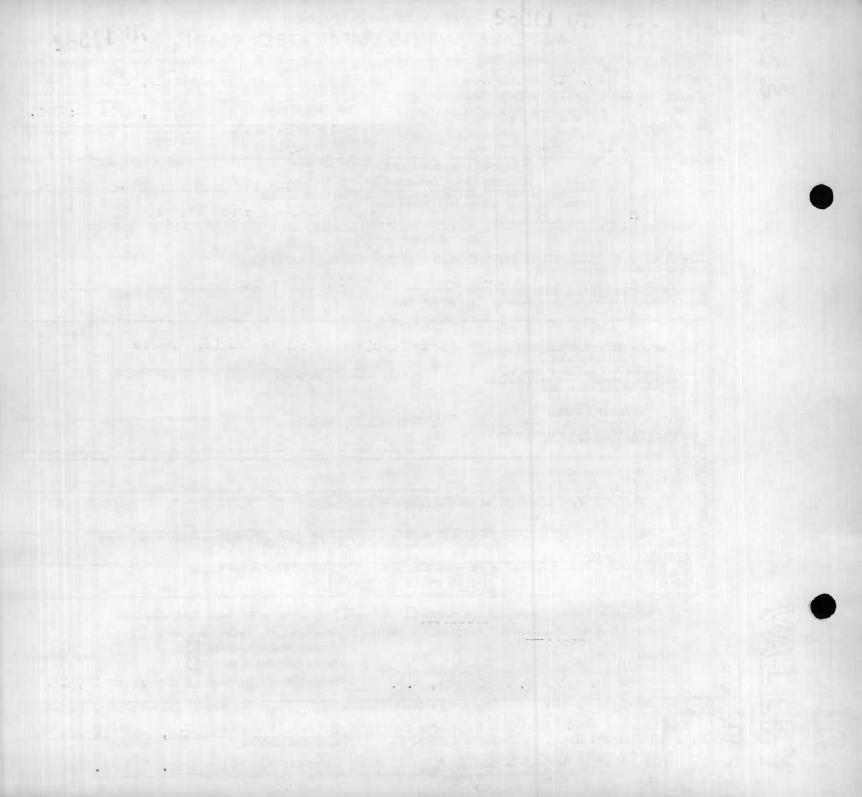
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- 10 t 1 t 1 10 th ates Molecules . . .

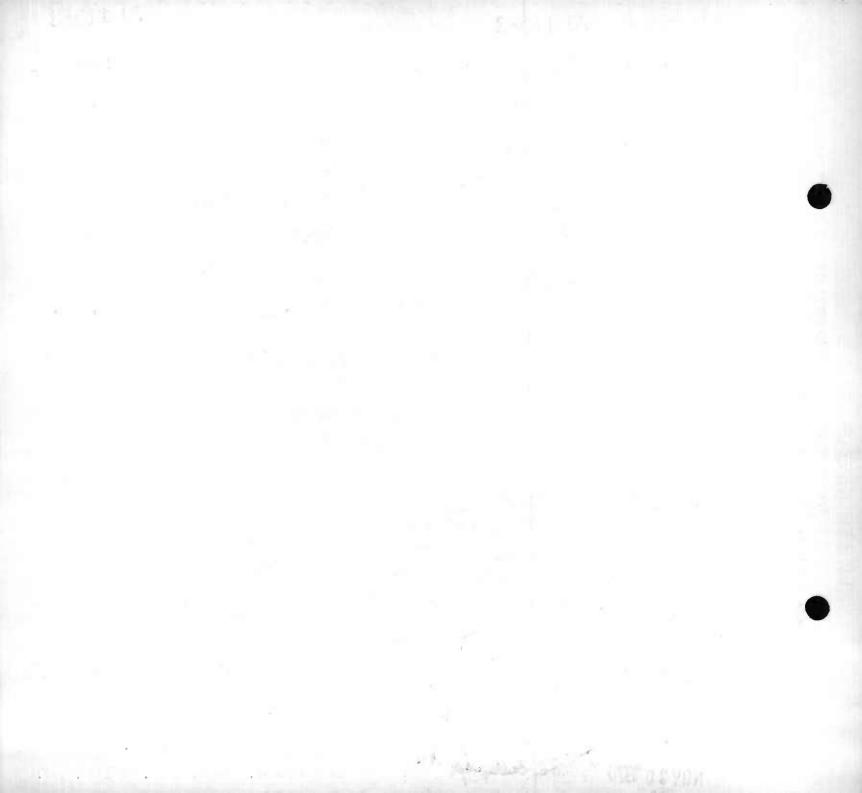
			2. DATE	AND HOUR OF DEATH	*
Type or Print) KATIE	C.	WILLE			112 20 2
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. II in	12.20 a. M
FULL NAME OF (IF NOT IN HOSI HOSPITAL OR ADDRESS OR LO	TTAL OR INSTIT	JTION, GIVE STREET	Maryland c. CITY OR TOWN		8-31
90 HOUSE IN T	HE PINE	S BELAIRE	Baltimore E. STREET AND NUMBER		YES X NO
5. SEX 6. RACE	17		2860 Pelhan	Ave, 2121	
0		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
Temale caucasian	WIDOWED OF		9-29-79	91	
lane during mast of working life, even it retired housewife) [11. BIRTHPLA CE (Stote or fo		12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME	H	ome	Sunhury, En		USA
ALCOHOLD DAME			14. MOTHER'S MAIDEN N	AME	
5 W - D 1 B - 1 11 A - 1		Brien	Honora		
5. Was Deceased Ever in U. S. Armed F res, no or unknown! (If yes, give wor or do	orces? ites of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			Mr. Herbert	M. Wille,	2860 Pelham Ave
DISEASE OR CONDITION IN LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. If mean injury or camplication which couse	of dying, e.g.,		SE CONGESTIVE A CONSEQUENCE OF:	FAILUR	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		0			
ANTECEDENT CAUSE		(B) GENERA	A CONSEQUENCE OF:	EROSCLERO	515
DISEASES OR CONDITIONS, if rise to the obove cause (A UNDERLYING CONDITION lost.	any, giving stating the	(C)	A CONSEQUENCE OF:		
- 11					
OTHER SIGNIFICANT CONDITIONS C	THE TERMINAL				
DISEASE OR CONDITION GIVEN IN PA	RT 1 (A).	HICH OPERATION	20 A. AUTOPSY? (Yes or)	OD 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examine)	21B, hometc.)	PLACE OF INJURY (e.g., in c., form, factory, sheet, of	or obout 21 C. WHERE DID	(If In Boltimor	e City, give exoct locotian)
21D.TIME (Manth) (Doy) (Year OF INJURY (APPROX.)		e At Not White		JURY OCCUR?	
22. I certify that (I) (this hospital	l) attended th	e deceased from	9/30	19 <u>63 ta</u>	11/27 19 70
that (I) (we) last saw the deceas	ed alive an	11/16	19 70 and t		nian death accurred an the date
	ated abave. (I)	(We) (dld) (dld nat) vi		· · ·	
and hour and fram the causes st	111	A	ding Med.	Staff Phys.	23 B. DATE SIGNED
23A. SIGNAPORE Kollert E	nea	DEGREE Phys.	Director L	11173. —	11/2///
	neg ert D.	May Phys	3D. ADDRESS	The Alameda	a, Balto, Md.
23A. SIGNAPORE LOUCAT S 23C. PHYSICIAN'S NAME (Type) Dr. Rob 4A. BURIAL CREMATION, 124B. DATE		DEGREE Phys	3D. ADDRESS 5662	The Alameda	a, Balto, Md.
23A. SIGNAPORE LOLLOT S 23C. PHYSICIAN'S NAME (Typel Dr. Rob 4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C.NA	May DEGREE Phys	3D. ADDRESS 5662	The Alameda	y, tawn, or county) (State)
23A. SIGNAPORE LOUIST S 23C. PHYSICIAN'S NAME (Typel Dr. Rob 4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C.NA	May DEGREE DEGREE DEGREE ME of CEMETERY OF CRE	3D. ADDRESS 5662 MATORY 24D.	The Alameda LOCATION (CIT Balto. M	y, tawn, or county) (Stote)



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	00	1015	Homewoo	d Ave	enue		A. STATE	Marylan		B	. COUNTY	ion: resid	ence be	fore admi	isian)
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	Unknowi		10. AGE (I last birthda	years y)	If Unde Months	Pr I Yr. II Under 24 Hrs. Days Hours Min.	E. STREET	AND NUMBER 1015 Hot		od Av					
	BIRTHPLACE (WH	ZEN OF AT COUNTRY?	13. FATHER						-		
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dan	during most of v	varking life,	,even it retired}				1	i Viang							
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1.0.	No	il yes, giv	e wor or dates	or service	'	SECORIT NO.	Mr I	William	Via	anga	e 320	72 N	ont	hann	Dlank
	19. 4/	24				CAUSE OF DEA	TH	**********		med	3 121	12 14	APPR	OXIMATE IN	ITERVAL
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Н			TO DEATH			(A)IMMEDIATE	TATISE								
	(This does n	of mean t	he made of dy	ing, e.g.,			AS A CONSEC	UENCE OF							
Ы	injury or cor	nplication w	hich coused de	ith.)											
Ш	At	NTECEDEN	NT CAUSES			(B)									
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ERT						HCH OPERATION W	AS PERFORA	LED				21. A	UTOPS	Y? (Yes	r No)
	0												N	lo	
MEDICAL	22A. EXTERIUNDERLYING		NTRIB-		22B. PLA home, fo	CE OF INJURY (e.g., rm, foctory, street, office	In or about a bldg., etc.)	2C. WHERE DI	D (If in 8	altimare	City, give e	xact locat	ion)		
	22D. TIME	(Month)	(Day) (Year) (Hou) 22E.	INJURY OCCURRED	2	2F. HOW DID	INJURY	OCCUR	?	-			
	OF INJURY (APPROX.)				m. WHII	EAT NOT	WHILE ORK								
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	SIGNATI	JRE	rolls	7,0	>,	GOLD M.D	ASSI	STANT MEDICA	L EXAMI	NER 5	3		D	ATE SIGN	4ED
Ш	EXAMINI NAME (T		Charles	s. sp		gate, M.D.	ASSC	CIATE MEDICA	L EXAMI	INER [Nov	embe	r 26	, 197	70
REA	BURIAL CREA	y)	248. DATE	100		NAME of CEMETERY		PRY 24	D. LOCA	NOITA	(City, tov	vn, or co	unty)	(Stat	•)
25 4	Burial DATE REC'D		11/28		AALE CE	Greek Orth			Bal	timo	re.	Mary	rlar	nd	
234	MANA	0 0 90	70 00	11.5	2 4	REGISTRAR		UNERAL DIREC				ADDRES:	5		
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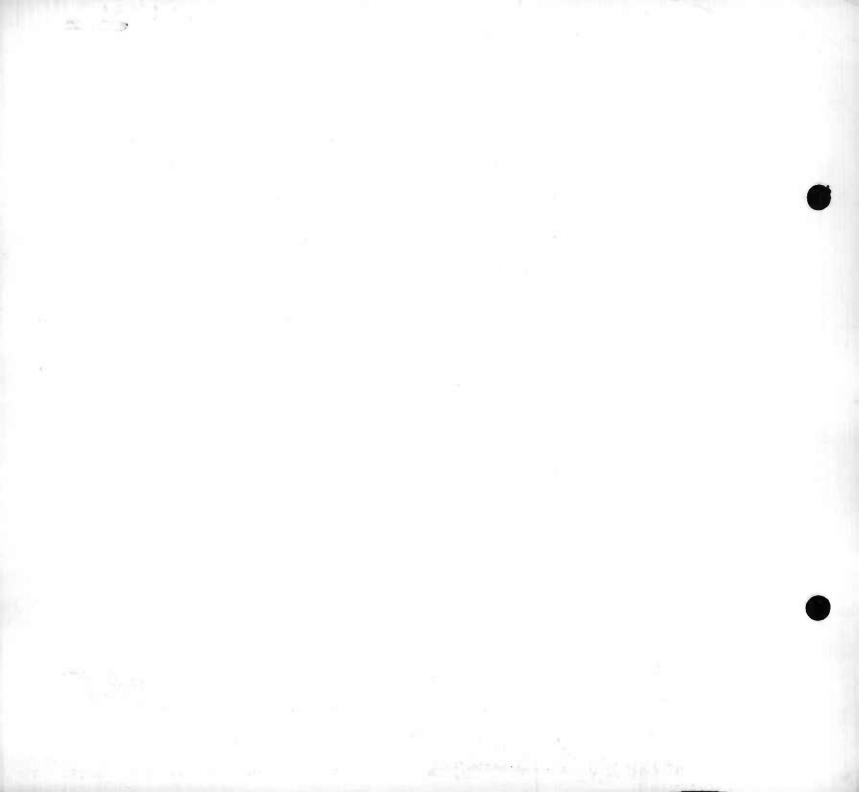


M-625 70 11583		TE OF DEATH	REG. NO	70 11583
BIRTH NO.	CERTIFICA			
Tune or Post	nozirrom		D HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	LA 10 KALEO AL	WOY 2	1970	nstitution: residence before admissio
WILLE PROP	DEAD	A. STATE B. COUN	TY	stilution: residence before admissio
FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL OR ADDRESS OR LOCATION)	TTUTION, GIVE STREET	Maryaand C. CITY OR TOWN		27-48
NSTITUTION		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
		Baltimore		YES NO
3 University Hospit	al	E. STREET AND NUMBER		
<u> </u>		1319 Nort	hern Park	wav.
SEX 6. RACE 7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH	ost birthday)	Months Doys Hours Min.
WIDOWE		X 18 97	20	Williams Doy's Floor's Williams
OA. USUAL OCCUPATION (Give kind of work 10B, KIND (one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of forei	n country)	12. CITIZEN OF WHAT COUNTS
WI-Gor Retired		de ad		1.50
3. FATHER'S NAME		IA O	45	MIA
Smam . Cl. mw		14. MOTHER'S MAIDEN NAM		
	21/3		· Wart	w i
. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	13:	19 Northern PKY
NO	218-05 2344	Ruth E. Mon	rrison Ro	ltimore, Md.
18. /	CAUSE OF DEATH	readir D. Mo.	TISON Da	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND GEAT
LEADING TO DEATH			0	2 1 2 1
(This does not mean the mode of dying, e.g		CONSIQUENCE OF:	duay	Sept 70
heart failure, asthenia, etc. Il means the disease injury ar complication which caused death.)	e, ble	das :	•	
				1
ANTECEDENT CAUSES	(B)	######################################		
DISEASES OR CONDITIONS, il any, givin	g DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
	g DUE TO, OR AS	A CONSEQUENCE OF:		
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IMPORTANT

FUNERAL DIRECTOR:



VS 150-REV. 1/1/68

IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT

2. DATE AND HOUR OF DEATH NOV. 27, 1970

4. USUAL RESIDENCE (Where deccosed lived. If institution: residence before odmissian)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS NO YES Street 27278 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. last birthdoy Manths! Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimare City, give exact location) ... ond that in(my) (our) apinion death accurred on the date 23B, DATE SIGNED ADDRESS 928 E. North Ave.

MERCHAN CLL PH

. Note of the control

NAME OF DECEASED				AND HOUR OF DEAT	
Nancy	A. Nutter			24/70	12;05 a
PLACE OF DEATH IN BAL	TIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If DUNTY	institution: residence before odmis
FULL NAME OF (If no	t in hospitol or institution	n, give stieel	Maryland	3	10-01
HOSPITAL OR oddre	ess or location)		C. CITY OR TOWN	f outside city limits, writ	e RURAL and give township)
			Reltimore	. Maryland	
1017 E. Pre	show Ohmood		D. STREET ADDRESS	(If rurol, give location)	
1017 E. Pre	aron priesi		1017 E. H	reston Str	eet
SEX 6. RACE		D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months: Doys Hours Mi
Female Negr		Vidow	5-17-82	88	Monins Doys Hours Mi
A. USUAL OCCUPATION GI	ve kind of work 108. KIND	OF BUSINESS OR INDUSTRY	11. E. KTHPLACE (Stote or		12. CITIZEN OF
ne during most of working life, e	ven if retired)			37.3	WHAT COUNTRY?
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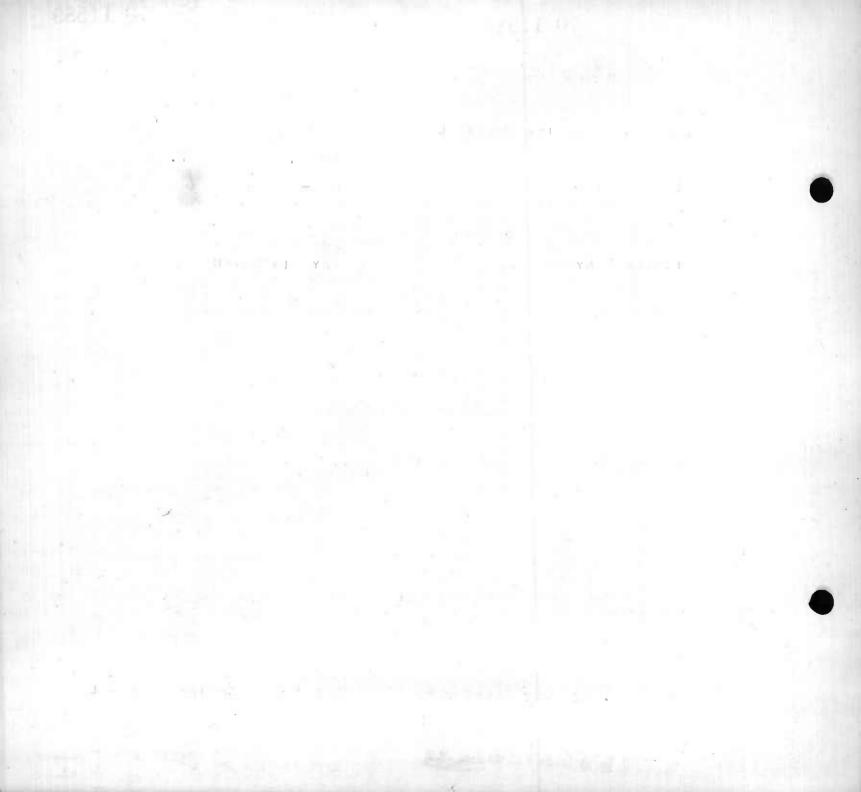
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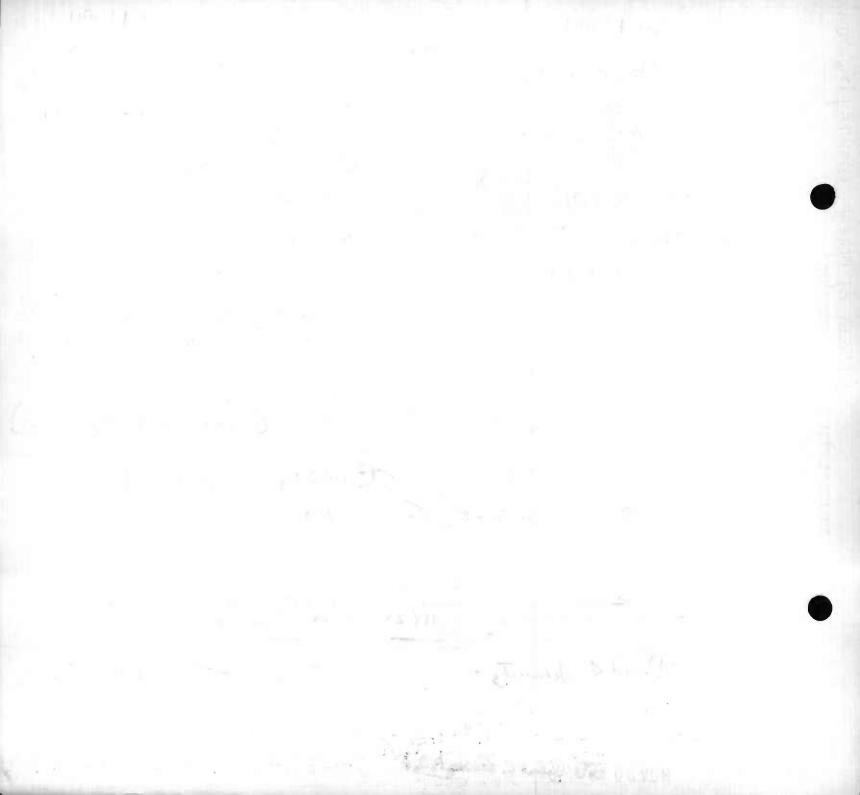
IMPORTANT

FUNERAL DIRECTOR:

Sirth No. 70 115	BALTIMORE CITY		70 44500
	89 CERTIFICA	TE OF DEATH REG. NO	70 11589
T, NAME OF DECEASED (Type or Print) ARTHUR CO.	NVERS	2. DATE AND HOUR OF DEAT	1 6:30 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE P		4. USUAL RESIDENCE (Where deceased lived, If A. STATE 8. COUNTY MARYLAND	institution: residence before admission) 9-09
THE JOHNS HOPKINS H		BALTIMORE	VE STAND IN IN IN IN IN IN IN IN IN IN IN IN IN
3.3		1243 E. LANVALE ST.	
MALE NECRO	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 12-24-18 9. AGE (in years lost birthdoy 51	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
aborer	llace H. Himble &	11. BIRTHPLACE (State or foreign country) South Carolina	12. CITIZEN OF WHAT COUNTRY U.S.A.
3. FATHER'S NAME	npany	14. MOTHER'S MAIDEN NAME	
RICHARD CONYERS		MARY SINGLETON	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of se NO	16. SOCIAL SECURITY NO. 248-26-1594	17. INFORMANT Mrs. Dorothy Conyers 1243	ADDRESS B.E. Lawale St.
18. 11.21 01	CAUSE OF DEATH	<u> </u>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
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OR CONTRIBUTING CAUSE OF DEATH (notify medico) exominer)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	n or obout 21 C. WHERE DID (If in Boltim fice bldg., INJURY OCCUR?	
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SCHUUND	1 22 5	BIRTH NO. 70 11590 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 70 11590
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0	ath of	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
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ENAMINER	occurre ontribut ermined regular sased p	5. SEX 6. RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years II Under 14. II Under 24. Hiss Dost birthdoy) Married Married Married Min.
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9	DO C S DIE	WINE Housewife Own Home UKRANIAN U.S.A.
N. S.	if dect waw wathe	13. FATHER'S NAME
- 5	. t	SIMON KOKOR UNKNOWN Anna Mandiuk
3	- 0 - 0 0	15. Was Deceased Ever in U. S. Armed Forces? IYes, no ar unknown) Of yes, give war or dates of service) 16. SOCIAL SECURITY NO.
EASED IMPORT	ssista the kind dea	100 1 7. IMA. JOSEPH PRYMAK 1573 8.3674.57.
RELEASED	his as so, if fany nced enda	18. 4/2 4 1 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3 2	Also Also e of noun atte	LEADING TO DEATH
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DIR	ins ins	UNDERLYING CONDITION last, (C).
	. T.U.E.E. > E	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
A	med med by bhy an v	of other significant conditions contributing To the Death but not related to the terminal Disease or condition given in part 1 (a).
2	9 - 6 - 0 E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 1112(10) 20A-AUTOPSYT (Yes of No) 10 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
J. N.		1) 2] A. ACTIDENT WAS HADERI VIACED.
14.	tal by p; (2) B here the No phy before	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY le.g., in or about 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?
		21D-TIME IMonth) IDoy) IYeor) IHour 21E INJURY OCCURED 21F. HOW DID INJURY OCCUR?
	hosp natur ept w d (6)	21D. TIME IMonth) IDoy) IYeor) IHour 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While AI Not While
	y n y	Work L. Al Work L.
	dpp forth fan (e) (); a	22. I certify that (1) (this hospital) attended the deceased fram 1125 1970 to 1172 1970 that (1) (we) last saw the deceased alive an 1172 1970 and that in (met) (our) apinion death accurred on the date
	0 0 5 5 7	and have and from the causes stated above. (1) (We) (did) (did-not) view the body after death.
	dent dent deat must	23A. SIGNATURE 23B. DATE SIGNED
	2 4 - 2 0	Cord A. Ash Coll - Attending Med. Staff []
	rificate my was rel (1) An acc 3.A. at a l d prior to	23C. PHYSICIAN'S NAME (Type) DEGREE Phys. Director Phys. 1126/10.
	was r An a L at prior	DAVID S. SCHIELAST?
	ad O O	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, or county) (Stole)
	bod bod ws: bod s D.C	Demain ITT 00 TOROL of act 1 T m
	This certif the body shows: (1) was D.O.A deceased written ap	25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF RESISTRAL 2 25C. FUNERAL DIRECTOR ADDRESS
	F# 4 2.0 \$	NOV30 270 Garage Lilly & Zeiler Inc. 1901-07 Eastern Ave.

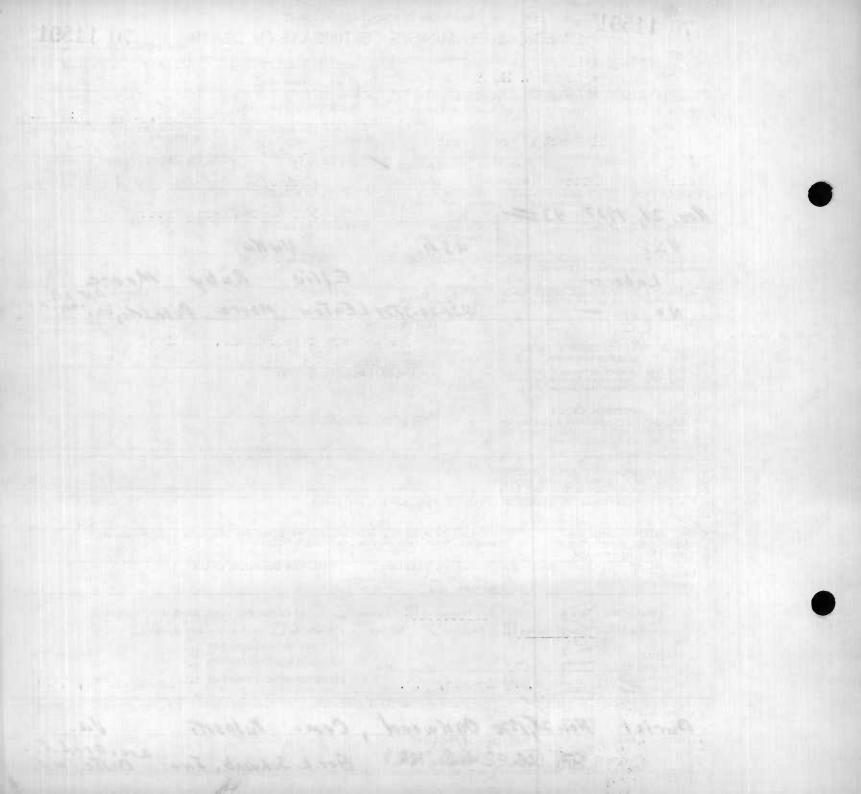


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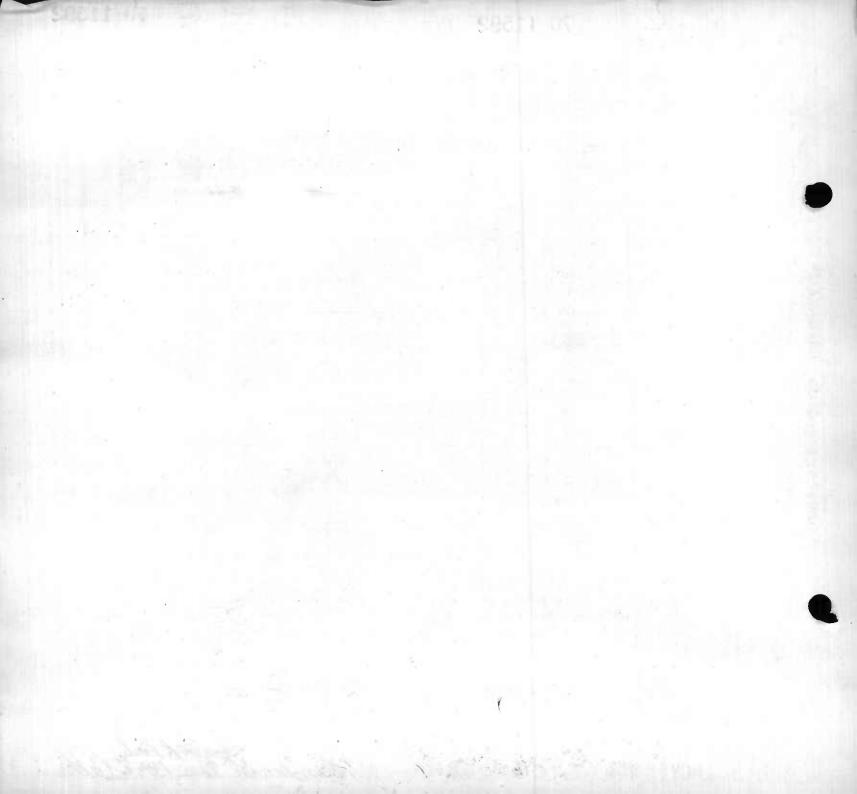
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MEDICAL EXAMINER'S CER	IFICATE OF DEATH	70
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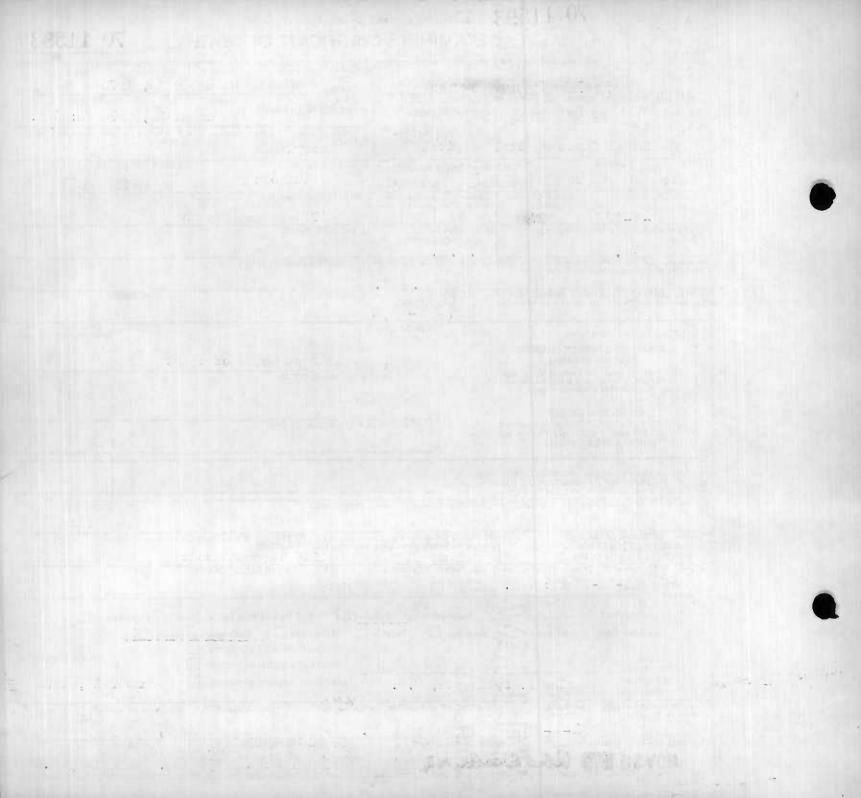
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BIR	TH NO.											
	NAME OF DEC		RTHUR I	L. MC	OORE	2. DATE OF DEATH	Known Estimated	Month	Doy	Yеог	Hour	M.
4. 1	PLACE IN BAL	TIMORE, MAR	RYLAND, WI	HERE PI	RONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
HO	L NAME OF SPITAL INSTITUTION	(IF NOT	IN HOSPITAL	OR INS	TITUTION, GIVE STREET		RESIDENCE (Who		ber 26, 1			M.
0	0	311	South S	Shar	p Street	A. STATE	Maryland	era decedado II	B. COUNTY	20	2-01	,
6.	SEX	7. RACE		8. MARE	RIED NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE CIT	Y LIMITS?		
	(ale	Whi	te	WIDOV	WED DIVORCED		Baltimore	e	YE	s 🏻	NO 🗆	
7.1	PATE OF BIRT	1927	10.AGE (In lost birthday	yeors	Hunder I Yr. If Under 24 Hrs. Months Doys Hours Min.	E. SIKEEI		th Shari	Street			
ii.	BIRTHPLACE	State or foreign	country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER	S'S NAME	,				
	Var		0.00	40 8/15 05	4.5.47.	416 46700	UNI					
don	eduring most of v	PATION (Give vorking life, eve borev	in if retired)	48. KINI	OF BUSINESS OR INDUSTR	15. MOTH	ILIE	Rub	M	ADTO	-	
16.	WAS DECEAS	ED EVER IN U	J.S. ARMED	FORCE	S? II7. SOCIAL	18. INFOR	MANT	1,42	AD	DRESS A	25 2 2	
(Ye:	N e	(If yes, give w	or or dotes o	f service	security No. 23/-24-3734	LEai	TON M.	oure	Pulase	Ti. Va	pr. 28 11	a lkg
7	19. //	·			CAUSE OF DEA	TH					PPROXIMATE INTE	
	0111	E OR CONDI	TION DIREC	TLY	Pul	monary	tubercul	losis,	(Active)	PELV	WEEN ONSE! AND	DEATH
		LEADING TO	DEATH		(A)IMMEDIATE	AUSE						
	(This does n heart foilure injury or cor	ot mean the r , osthenia, étc. mplication which	mode of dyla it means the a	ng, e.g., disease, th.)	DUE TO, OR	AS A CONSE	QUENCE OF:					
		NTECEDENT O			461							
		OR CONDITIO		GIVING	DUE TO, OR	AS A CONSI	QUENCE OF:					
Z	UNDERLYII	NG CONDITIO	ON LAST.		(c)							
본			II									
CERTIFICATION	TO THE DE.	NIFICANT CON ATH BUT NOT CONDITION (RELATED TO 1	HE TERM	MNAL							
2	20A. DATE O	FOPERATION	208. CON	DITION	FOR WHICH OPERATION W	AS PERFOR	MED			21. AUTC	OPSY? (Yes or	No)
Ü	0										No	
۱₹	22A. FXTER	NAL CAUSE V	WAS		228. PLACE OF INJURY(e.g.,	In or obout	22C. WHERE DI	O (if in Boltimo	re City, give exac	t location)		
EDICAL	UNDERLYING	OR CONT	RIB-		home, farm, lactory, street, offic	e bidg., etc.)	INJURY OCCUR	?				
Σ	OF INJURY (APPROX.)	(Month) (D	oy) (Year)	(Hou	WHILEAT NOT	WHILE	22F. HOW DID	INJURY OCC	UR?		HEE.	
	23.				m. WORK LAT W	ORK L						—
		tify that I he		quiry [topsy 🗌			death in my	-		
	resul	ted from: No	atural caus	es X	Accident Sulcid	le 📙 H	CHIEF MEDICA		ined manner L	J		
	ACTUAL	1 41	earls	J.	and "	ASS	ISTANT MEDICA				DATE SIGNE	D
	SIGNAT	IER'S Cha	rles S	. Sp	ringate, M.D.	ASS	OCIATE MEDICA	L EXAMINER	□ Nover	nber 2	26, 1970)
24	A. BURIAL CRE	MATION, 12	48. DATE		24C. NAME of CEMETERY	or CREMAT	ORY 24	D. LOCATION	(City, town,	or county) (Stote))
RE	MOVAL (Spec		Vev. 28	192	o Oakwood	C	m - /	Pulast	Ti	1	la.	
25	A. DATE REC'D			100	NAME OF REGISTRAR	25C.	FUNERAL DIREC	CTOR	AL	DRESS	red A	Ve
	N	0V301	970 G	Beef	E. Jabon May	· Ne	o. L. Sok	wab,	ING. 2	Ball	To, Ma	1
VS	151-REV. 1/1/6	8										./



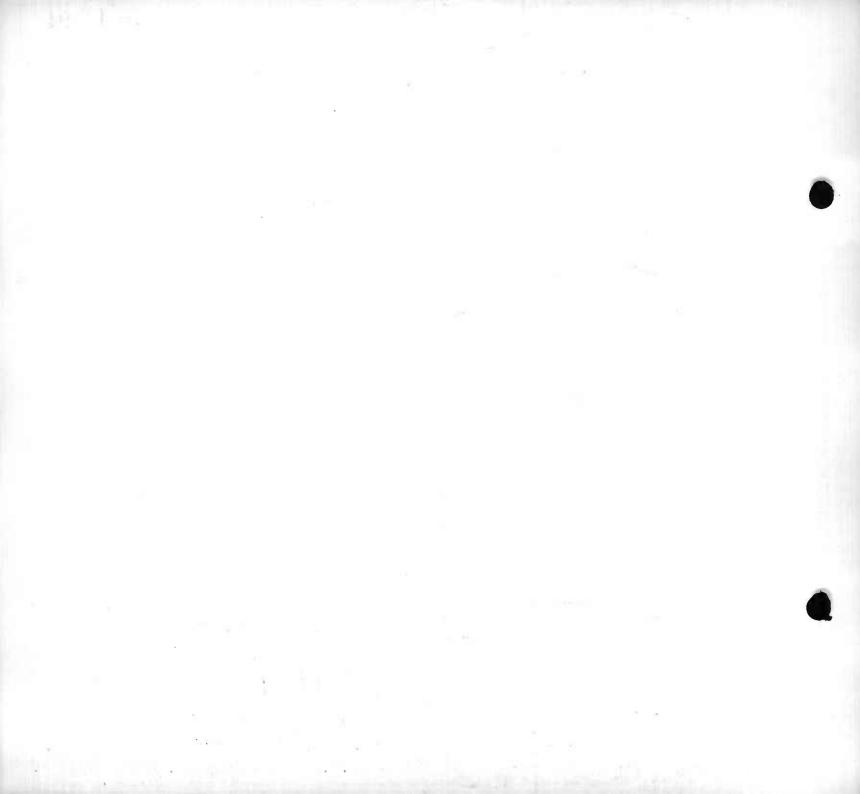
C 3		Y HEALTH DEPARTMENT		70 11592
J-3/5 70 1159	2 CERTIFICA	TE OF DEATH	REG. NO	IN TIME
I, NAME OF DECEASED			HOUR OF DEATH	. 1
(Type or Print)			8, 1970	3.15 000
STEVENSON, Victoria 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If insti	tution: residence before odmission)
		A. STATE B. COUNTY		17 11
FULL NAME OF (IF NOT IN HOSPITAL OR IN: ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland		11-01
INSTITUTION		C. CITY OR TOWN		CITY LIMITS?
		Baltimore E. STREET AND NUMBER		ES NO NO
Bolton Hill Nursing & Conva	elescemt Ctr.			
Baltimore				If Under 1 Yr If Under 24 Hrs.
	ED X NEVER MARRIED	los	t birthdoy)	Months Doys Haurs Min.
F N WIDOW			68	
IOA, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY
		Maryland		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
* * ** **	_	Th 70.5	alemore	
John H. Pinkney 5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	Emma Pir		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of services)	SECURITY NO.	John	Coates -sc	n
	215-32-0273	Admission Recor	d 804 Str	icker St.
18. 1/// 9	CAUSE OF DEAT	TH	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	120	Numa Tille	en.h.	bet DA 1
LEADING TO DEATH	(A) IMM BOIATE CA	Colored prigo	Toward of	your car I nue
(This daes not mean the mode of dying, a heart failure, asthenia, etc. 11 means the disea		A CONSEQUENCE OF:	l	
injury at camplication which caused death.)	A LONG TO SERVICE AND ADDRESS OF THE PARTY O			
ANTECEDENT CAUSES	(0)			
DISEASES OR CONDITIONS, if any, giv	ing DUE TO, OR A	S A CONSEQUENCE OF:		
rise to the above cause (A) stating UNDERLYING CONDITION last.				
	(c)		1	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	16 /11	A (1) Vh	1/22.	1000
TO THE DEATH BUT NOT RELATED TO THE TERMIN		NER	alfia	1100
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIR	NDINGS CONSIDERED SES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FO			IN CERTIFYING CAUS	SES OF DEATH?
D 2TA, ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If In Boltimore	City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, etc.)	office bldg., INJURY OCCUR?		
U		215 11614 616 21111	V OCCILB?	
21D.TIME (Month) (Day) (Year) (Haur) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJUR	i occur:	
(APPROX.)	While At D Not Wh			
22. I certify that (1) (this hospital) attende	ed the deceased from	11-25-10 19	ta//	-28-10 19
tho (1) (we) last saw the deceased alive	1/ 27	1 that		on death occurred on the date
and hour and fram the causes stated above	(mer(aid))(dia not)	view the bady after death.		23B, DATE SIGNED
23A. SIGN TURE	1 1 1 1 1	tending Med. St	off AC	11 7 7
I perare / W	With POEGNEE PH	ys. Director Ph	ys.	11-01-10
28C. PHYSICIANS NAME (TOPE)	1	23D ADDRESS	10.00	1
1600 1. ()1	711/K	1290(11	selle XI	
	C. NAME of CEMETERY OF CI		ATION (City,	, tawn, or county) (State)
REMOVAL (Specify)	mhartara Lam	Die .	Rolto M	do o
Burial 12-2-70 25A, DATE REC'D BY HEALTH DEPT. 125B, NAM	Arbutus Lem.	PK.	Basto.	ADDRESS
MOU O O COMPO O A A A A	TE OF REGISTRAR	nil nil	The state of the	1200 / 1
MUY 3 () ISMU WAS E MALE	as ASD ?	NOON JUNERAL	LOME 137	841. (allalist 13
VS 150-REV, 1/1/6B	and the second			



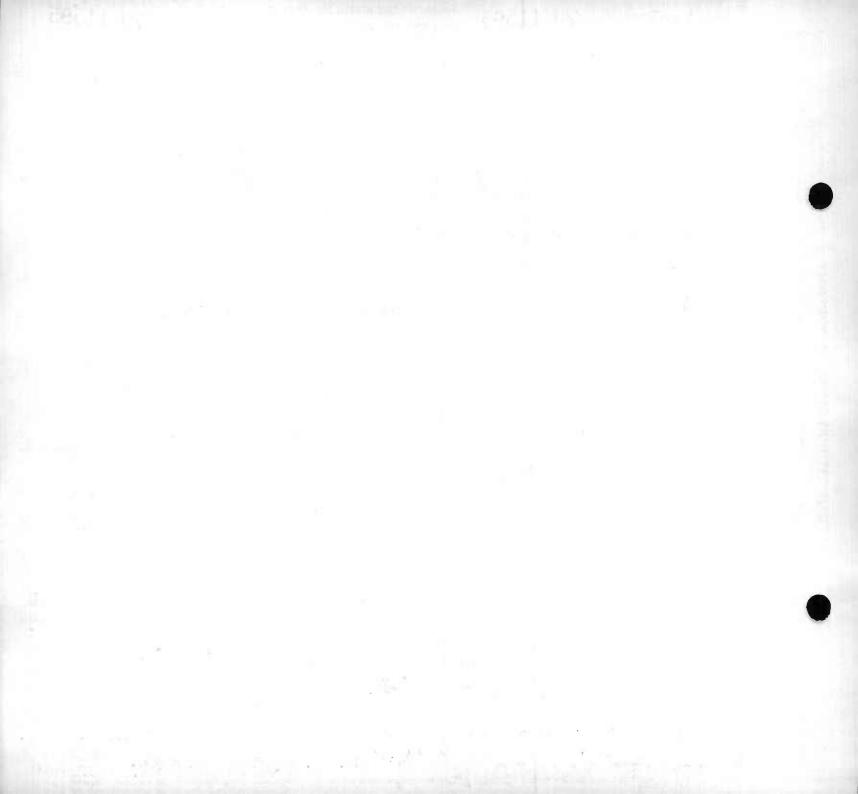
			MED	ICAL	EXAMINER'S	CERTIFICATE OF	DEATH PEG NO	70 115	93
	NO.	ACED							
(Туре	or Print)	111111111111111111111111111111111111111	3 17.		D	2. DATE Known 🔀	November 26,	1970	
4. PL	ACE IN BALTI	MORE MAR	YLAND, W	HERE PR	Drones CONOUNCED DEAD	DEATH Estimoted 3. DATE	Month Doy	Yeor Hour	
FULL P	NAME OF				TITUTION, GIVE STREET	PRONOUNCED DEAD	November 26,	1970 1:45	
OK II4		Baltimo	re Gen	neral	(DOA) Hospital	5. USUAL RESIDENCE (Where A. STATE Maryland	deceased lived. If Institution B. COUNTY	on: residence before odn	issian)
SE	X	. RACE		8. MARR	ED WEVER MARRIED	C. CITY OR TOWN	D. INSIDE C	CITY LIMITS?	
Ma	ale	Negr		WIDOW		Baltimore		res 🖾 NO 🗆	
DA	TE OF BIRTH	1	0. AGE (In ost birthday	yeors)	If Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.	e. STREET AND NUMBER 2376 Seama	Republication of the second		
1. Bif	RTHPLACE (Sic	te or foreign	country)	*	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME			
4A.U!	SUAL OCCUPA	TION (Give k	ind of work I	4B. KIND	OF BUSINESS OR INDUSTRY	Leon Dro	nes AE		
one de	uring most of wo	rking life, even	if retired)		01 0				
6. W	AS DECEASE	PEVER IN U.	S. ARMED	FORCES	? 117. SOCIAL	Emma Cot		DDRESS	
es, n	o or unknown) (i	f yes, give wa	r or dates o	of service)	SECURITY NO. 241-76-855	Russia Drone			
19.	2 2 C	F31.			CAUSE OF DEA		, 13	Same	
	5781	5XI						BETWEEN ONSET	AND DE
		OR CONDITI		TLY		Cunchat roun	d of short		
	(This does not			00. 0.0	(A) IMMEDIATE C	AUSE Gunshot woun	d of chest		
	heart foilure, a Injury or comp	sthenia, etc. It	means the	disease.	DUE TO, OK	S A CONSEQUENCE OF:			
		ECEDENT CA		CUMIC	(B)	AS A CONSEQUENCE OF:			
	RISE TO THE	AROVE CAUS	NS, IF ANY,	NG THE	DOE TO, OK				
	HAIDEDLYMIA	COLIDITIO							
2	UNDERLYING	CONDITIO	N LAST.		(c)				
20-	UNDERLYING	CONDITIO	N LAST.						
ILICATION	OTHER SIGNIF TO THE DEAT DISEASE OR C	II ICANT COND H BUT NOT RE ONDITION GE	M LAST. TIONS CO ELATED TO T IVEN IN PA	NTRIBUT	ING NAL				
NO	OTHER SIGNIF TO THE DEAT DISEASE OR C	II ICANT COND H BUT NOT RE ONDITION GE	M LAST. TIONS CO ELATED TO T IVEN IN PA	NTRIBUT				21. AUTOPSY? (Yes	or No)
	OTHER SIGNIF TO THE DEAT DISEASE OR C	II ICANT COND H BUT NOT RE ONDITION GE	M LAST. TIONS CO ELATED TO T IVEN IN PA	ONTRIBUT THE TERMI RT 1 (A)	ING NAL FOR WHICH OPERATION WA	S PERFORMED		Yes	or No)
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and hour and from the causes stated above. (1) (4td) (dld not) view the body after deoth.
23A. SIGNATURE 23B. DATE SIGNED
Attending Phys. Staff Director Phys. 1/30/7
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
Dr A Allen Spein
A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stotel
P
Burial 12-2-70 Loudon Park Com. Baltimore, Md. 5A DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR
Hall Ton Island Con LOOF Yorks Dd
NOV 30 15/10 W. G. C. 1905 10 R. Rd. Baltimore, Md. 21212

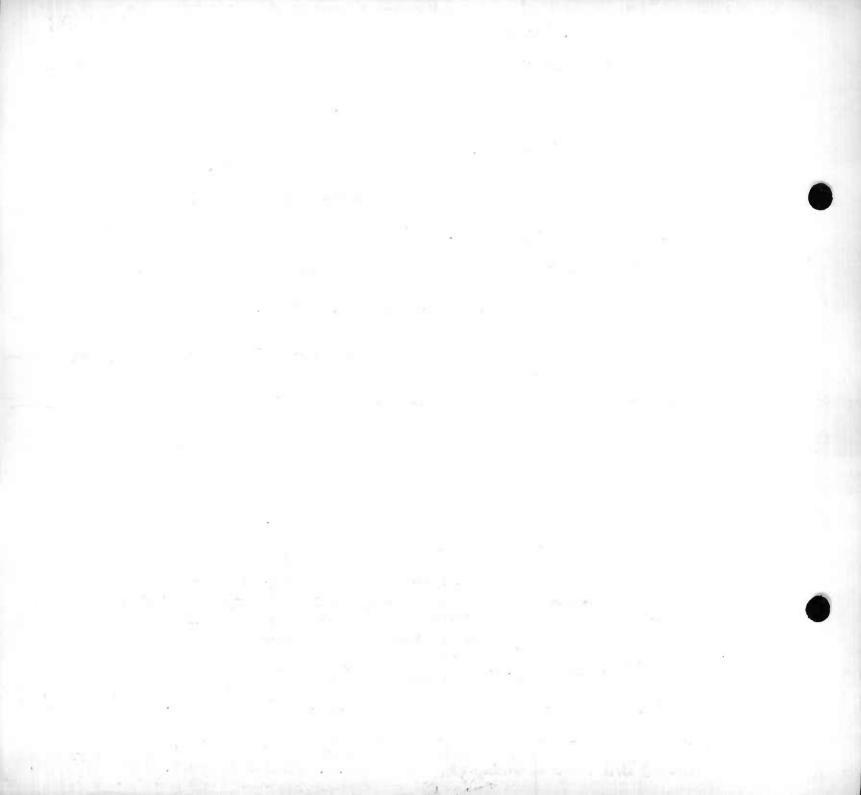


70 11595 2. DATE AND HOUR OF DEATH November 28 TH 1970 | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY NO 1900 TAIRBANK ROAD BALTIMORE 9. AGE (In years last birthday) If Under 1 Yr. If Under 24 His. Months! Days Hours! Min. 12. CITIZEN OF WHAT COUNTRY? 11.5.A. EVELYN BATZER ADDRESS (A) IMMEDIATE CAUSE Respiratory failure. Diabetes wellitus a renopathy and 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimare City, give exoci location) and that In (my) (our) opinion death occurred an the date 23B. DATE SIGNED 11-28-70. THE UNION MEMORIAG HOSDITTAL 3RD & CALVERT STS Pikesville, Balto.Co., PSC FUNERAL DIRECTOR & Sons Co. ADDRESS
H: W. Jenkins & Sons Co. ADDRESS
4905 York Road Balto., Md. 21212 VS 150-REV. 1/1/68

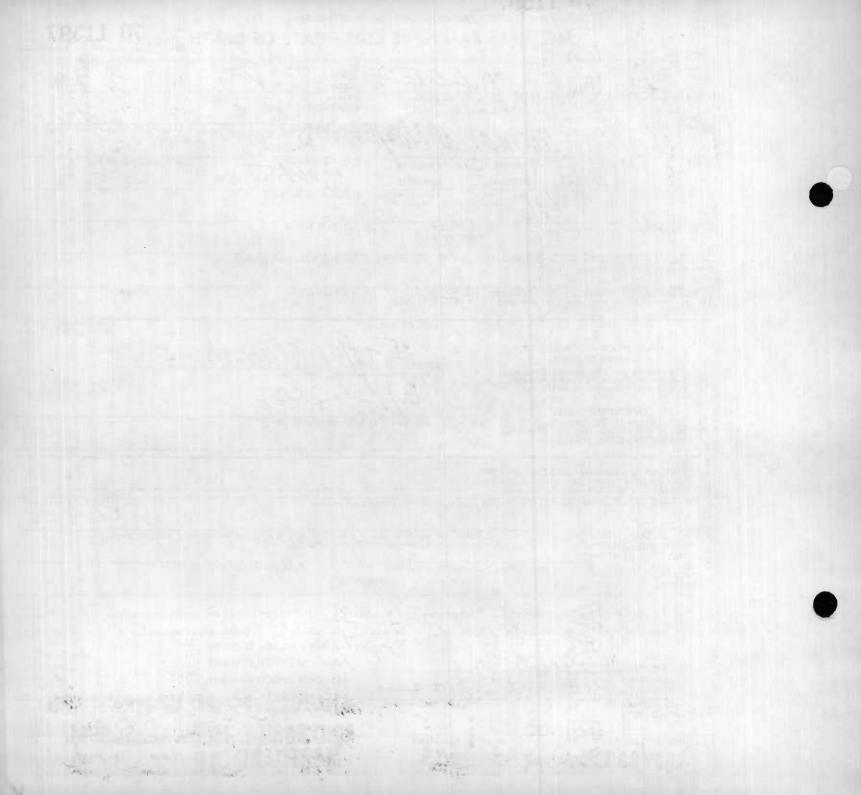


FUNERAL DIRECTOR:

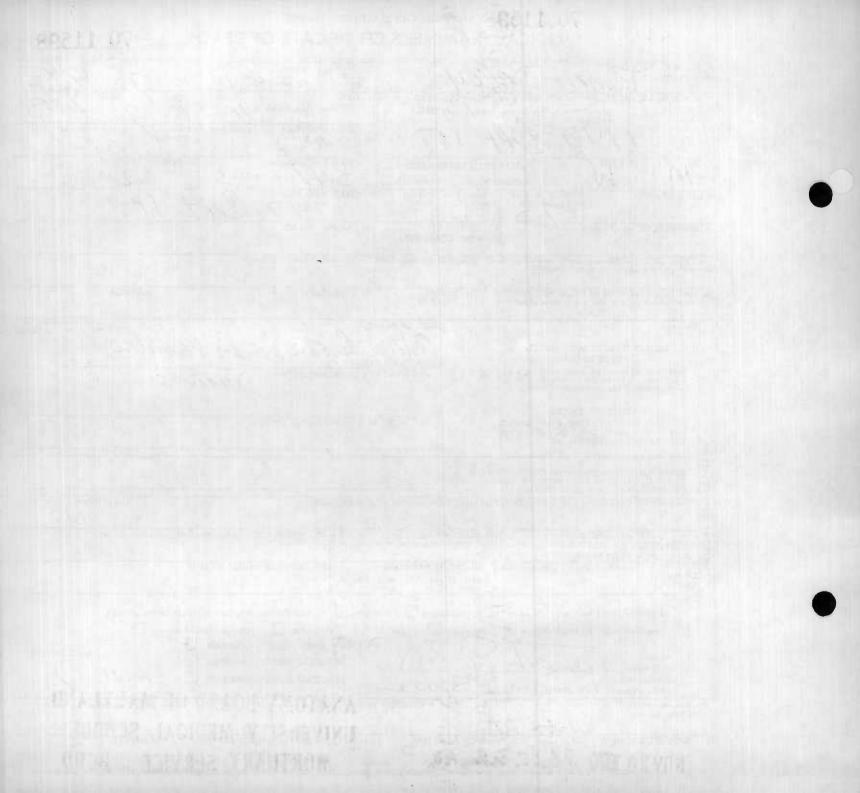
0-620	PIO	1150		HEALTH DEPARTMENT		70 11598
BIRTH NO.		1159	6 CERTIFICA	TE OF DEATH	REG. NO	1.1098
1. NAME OF DECE				2. DATE	AND HOUR OF DEAT	0111
	rank Cromw				11-26-16	
3. PLACE IN BALTI	MORE, MARYLAND, V	WHERE PRONO	UNCED DEAD	A. STATE B. CO	Where deceased lived. If UNITY	institution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	TAL OR INSTITU	UTION, GIVE STREET	Md.		27-14
NOTITUTION	VDDK522 OK FOC	A IION)		C. CITY OR TOWN	D. 1N	ISIDE CITY LIMITS?
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00	4204 Rol	and Ave	9.	E. STREET AND NUMBER	•	
5. SEX				1/20/ Rolar		
TAT TO SEA	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
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Ret. Sa	alesman	Roland	Pk. Realty	Maryland		USA
3. FATHER'S NAM	E			14. MOTHER'S MAIDEN	NAME	
Jacob	Smith Orri	ck		Monar	Us.	lton
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and hour and	from the causes sta	ted above. (1)	(Ma) (did) (did apt) vi	ew the bady after deat	h•	
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	then In. (1/0,5		Med.	Staff Phys.	11/27/7
23C. PHYSICIAN	S	Y CON	DEGREE Phys.	3D. ADDRESS	rnys. 🗀	11/1/10
NAME (Typ	el				TIA OROBOTE	
Dr.		ott	DEGREE	600 W. Bel		
REMOVAL (Sp.			ME OF CEMETERY OF CRE		LOCATION	City, lown, or county) (State)
Burial	11-30		idon Park Ce	metery	Baltimore,	Maryland
SA. DATE REC'D B	4070	258. NAME O		25C. FUNERAL DIRECT	OR	. 4905 ADDRESS Rd.
MUA 3 D	19/11 14000	- value	, Ma,	H.W.Jenki	ns Sons Co Baltimor	
S 150-REV. 1/1/68		-			BRITTINOT	17 17 17 CACAC

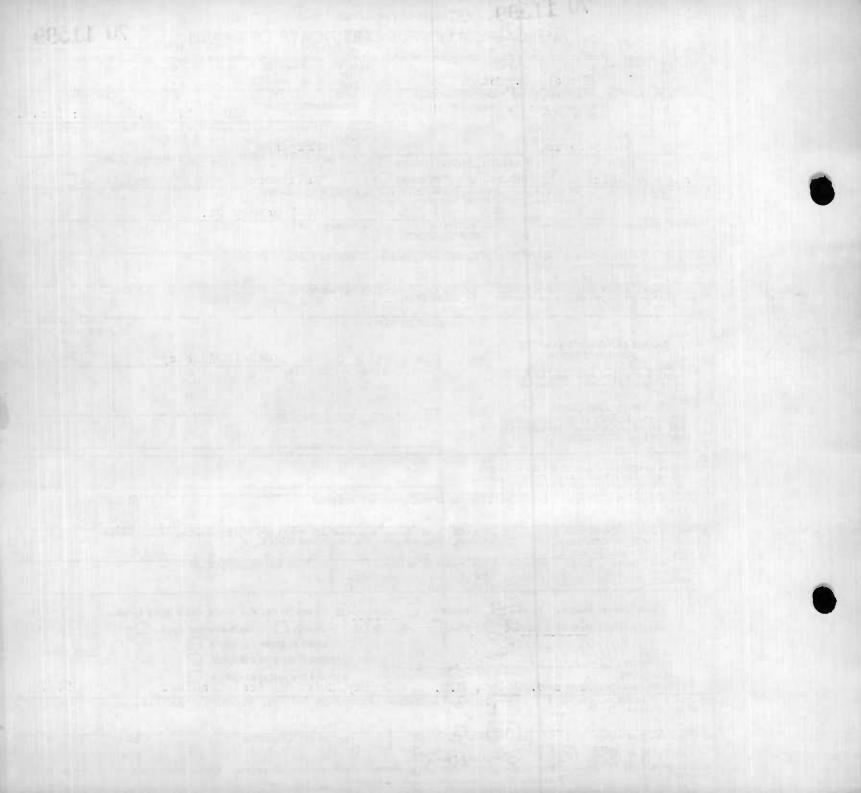


VS 151-REV. 1/1/68



VS 151-REV. 1/1/6B





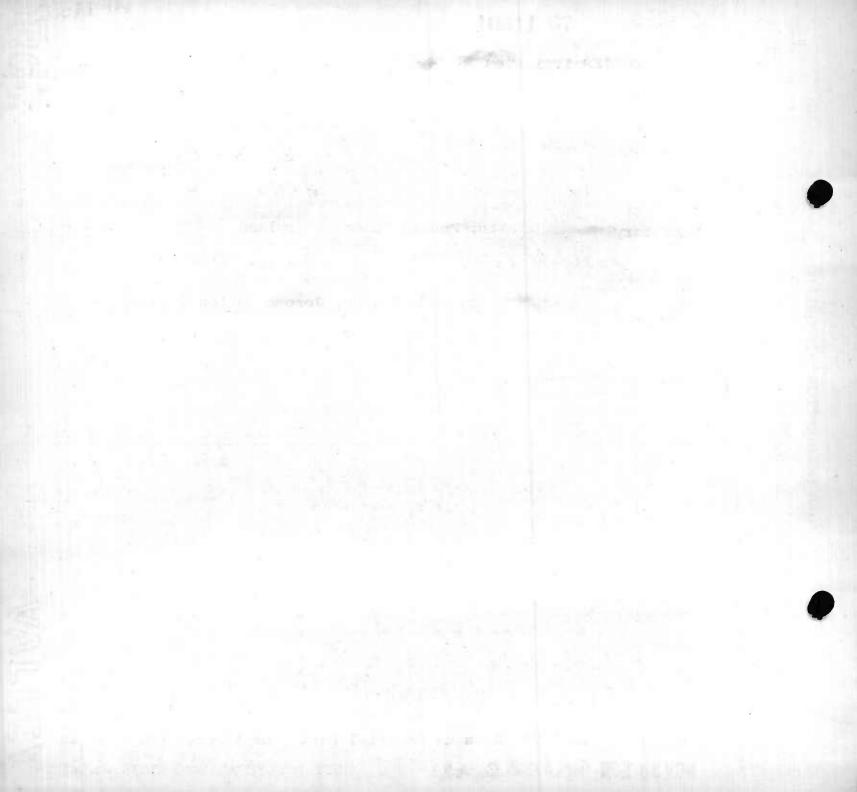
VS 150-REV. 1/1/68

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B



Mount Auburn Cemetery

Balt:more

25C. FUNERAL DIRECTOR

MORTON & DYETT F.H.

Maryland

1701 Laurens Street

ADDRESS

Burial

25A. DATE REC'D BY HEALTH DEPT.

12-1-70

258. NAME OF REGISTRAR

77 A STREET TO THE STREET OF THE STREET Secret Samuel Light Line of the same

BIRTH NO.

(Type or Print)

FULL NAME OF

HOSPITAL OR INSTITUTION

Male

9. DATE OF BIRTH

11 10 1010

24A. BURIAL CREMATION, REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT.

Burial

VS 151-REV. 1/1/68

24B. DATE

11-30-70

6. SEX

I. NAME OF DECEASED

11-18-1943 27		4117 Rogers	Avenue	
. BIRTHPLACE (State or foreign country)	12. CITIZEN OF	13. FATHER'S NAME		
Baltimore, Maryland	WHAT COUNTRY?	Fred Wright, Sr.		
A. USUAL OCCUPATION (Give kind of work 148. KIP	ND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME		
ne during mast of warking life, even if retired)		Essie Mae Wright		
WAS DECEASED EVER IN U.S. ARMED FORCES, no or unknown) (If yes, give war or dotes of servi	ES? 17. SOCIAL SECURITY NO.	18. INFORMANT	1A	DDRESS
No.		Mr. Fred Wright	104 N.	Fremont Avenue
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g. heart failure, osthenia, etc., it means the disease injury or camplication which coused depth.)	(A)IMMEDIATE	shot wound of nose v		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THUNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIB	(c)	AS A CONSEQUENCE OF:		
TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (1)	MINAL A).	AS PERFORMED		21. AUTOPSY? (Yes or No)
\sim				Yes
22A. EXTERNAL CAUSE WAS UNDERLYING DO CONTRIB- UTING CAUSE OF DEATH.	228.PLACE OF INJURY(e.g., home, farm, loctory, street, offic House	in or obout 22C. WHERE DID (if in Booking, etc.) INJURY OCCUR? 2223 Callow A	himore City, give exact venue	tocation)
(APPROX.) 11-25-70 3:00 A	UE) 22E INJURY OCCURRED	22F. HOW DID INJURY (OCCUR?	
l certify that I held an Inquiry		topsy X and that on this ba		
ACTUAL SIGNATURE LAND	Accident Suicid	CHIEF MEDICAL EXAMIN		DATE SIGNED
EXAMINER'S Charles S.	Springate, M.D.	ASSOCIATE MEDICAL EXAMIN	VER Nove	mber 26, 1970

24C. NAME of CEMETERY or CREMATORY

Western Star Cem

258. NAME OF REGISTRAR

24D. LOCATION

25C. FUNERAL DIRECTOR

MORTON & DYETT F.H.

(City, town, ar county)

ADDRESS

1701 Laurens Street

Catonsville, Maryland

(State)

, 7 , 7 ! - 7 The state of the s 7 7 6 6 -3 ir at laster to a. on some swilling, or see an of the latest and the first of the second

25A. DATE REC'D BY HEALTH DEPT. VS 151-REV. 1/1/6B

REMOVAL (Specify) Burial

EXAMINER'S

NAME (Type) 24A. BURIAL CREMATION,

Ronald N. Kornblum, M.D.

258, NAME OF REGISTRAR

248. DATE

11-30-70

24C, NAME of CEMETERY or CREMATORY

Mount Auburn Cemetery

ASSOCIATE MEDICAL EXAMINER

Maryland

(State)

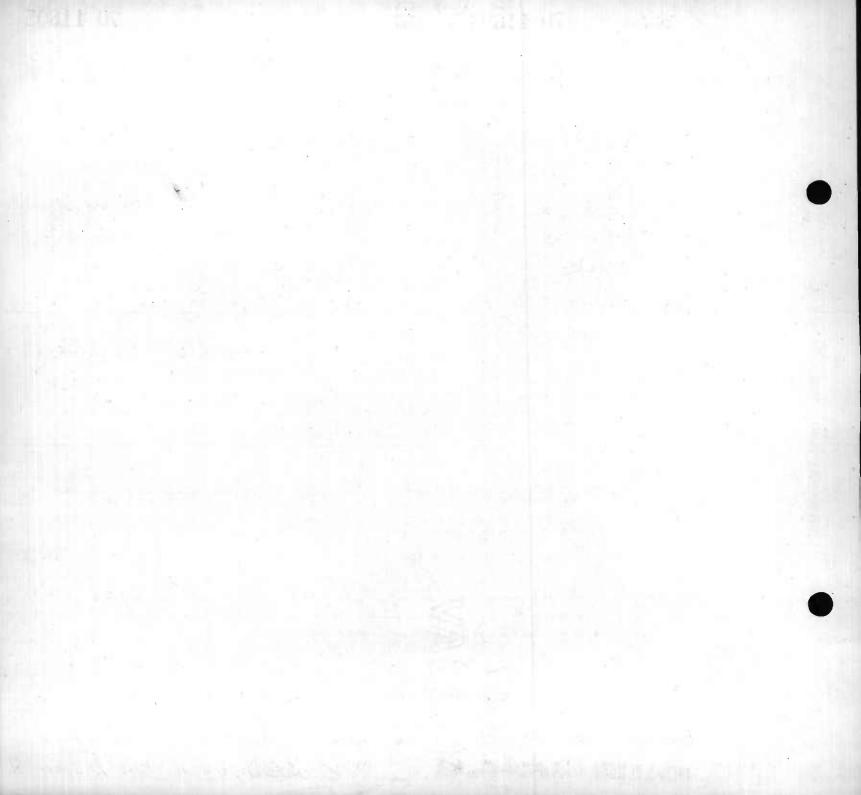
11/4/70

Baltimore 25C. FUNERAL DIRECTOR ADDRESS MORTON & DYETT F.H. 1701 Laurens Street

24D. LOCATION (City, town, or county)

THE STATE OF THE S

1	O DILL MO	BALTIMORE CITY	HEALTH DEPARTMENT		WG 1105W
RI	5-240 70 118	305 CERTIFICA	TE OF DEATH	REG. NO	70 11605 '
	NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	
(Ту	pe or Print) WAITER BI	EASLEY	11	-26-70	@18- P.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	re deceased lived, If in	nstitution: residence before admission)
			A. STATE B. COUN	TY	, ,
FL	OSPITAL OR JADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	1112.		16-04
IN	STITUTION L'IL Mag. + Con	Valencent Centre	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
7 1	second por		E. STREET AND NUMBER		YES NO
1)	1400 John 21.	,1	711- AL C. LL	10 ton St	
5	Balts. Ted. 212		B. DATE OF BIRTH	9. AGE (In years	TWO IS NOT THE OWNER.
5.	m III MAK			lost birthdoy	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
		WED DIVORCED	12-25-96	/3	
	N. USUAL OCCUPATION (G∯e kind of work 10B, KIN te during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	ign country)	12. CITIZEN OF WHAT COUNTRY?
0	matriction worker Co	al yards	Vergener		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
	14		11		
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	UNK.		/ ADDRESS
	s, no ar unknown) (If yes, give wor or dotes of sery		041 11 4	D. 1+ 11	1:11
	Yes 7/18/18 - 7/8/	19 218-10-3056	RED Chart	Orcin He	
	18.4/2.2.	CAUSE OF DEAT	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY				
	LEADING TO DEATH	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	Page T Ceff	10/22/20
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis-	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	Lauri /	
	injury or complication which coused death.)		101.10	you	
	ANTECEDENT CAUSES	(B) 1/4	meterone C	Vderease	yen
	DISEASES OR CONDITIONS, if any, g		A CONSEQUENCE OF:		
	rise to the obove couse (A) stoling UNDERLYING CONDITION last.	The (C)	1 willus a	renelisal	1 news
	II.	(0)			
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING			
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************	***************************************	
	19 A. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
CERTIFIC	WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?
CE	21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimo	re City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	tice bldg., INJURY OCCUR?		
200	21 D. TIME (Month) (Day) (Year) (Haur)	21E. INJURY OCCURRED	21F. HOW DID INJ	IIBY OCCUP?	
MEDI	OF INJURY	While At Not Whil		OKI OCCOK:	
	(APPROX.)	Work At Work			/
	22. I certify that (I) (this hospital) attend	led the deceased from	1//18	19 70 to.	11/26 1970,
	that (I) (we) lost saw the deceased alive	an 1/26	19 72 ond the	at in (my) (our) opi	inion deoth occurred on the dote
	ond hour and from the couses stated above	ve. (I) (We) (did) (did nat) v			
	23A. SIGNATURE				23 B. DATE SIGNED
	alm	Atte	nding Med.	Staff Phys.	11/27/2-
	23C. PHYSICIAN'S	OEGREE Phy	23 D. ADDRESS	Phys.	11/2//13
	NAME (Type)	and mo		2 500	estrul -
	ALLAN H. M.	OEGREE OEGREE	2 E READ	> >/ Y	260 19 202
24	A. BURIAL CREMATION, 248. DATE 24	IC. NAME OF CEMETERY OF CRE	MATORY 24D. LO	OCATION (C	ity, town, or county) (State)
	Bue 17/ 10/1/20	Mt. Huburn	Com Br	Himore.	Maryland
25/	A. DATE REC'D BY HEALTH DEPT. 25B. NA		25C) FUNERAL DIRECTOR		ADDRESS
VI.	MAN SA TEN DE AP 3	A. MA	Martan & D	wett F.11	1701 Laureus &
	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IN COLUMN		110000	-1011	. , - , / ,



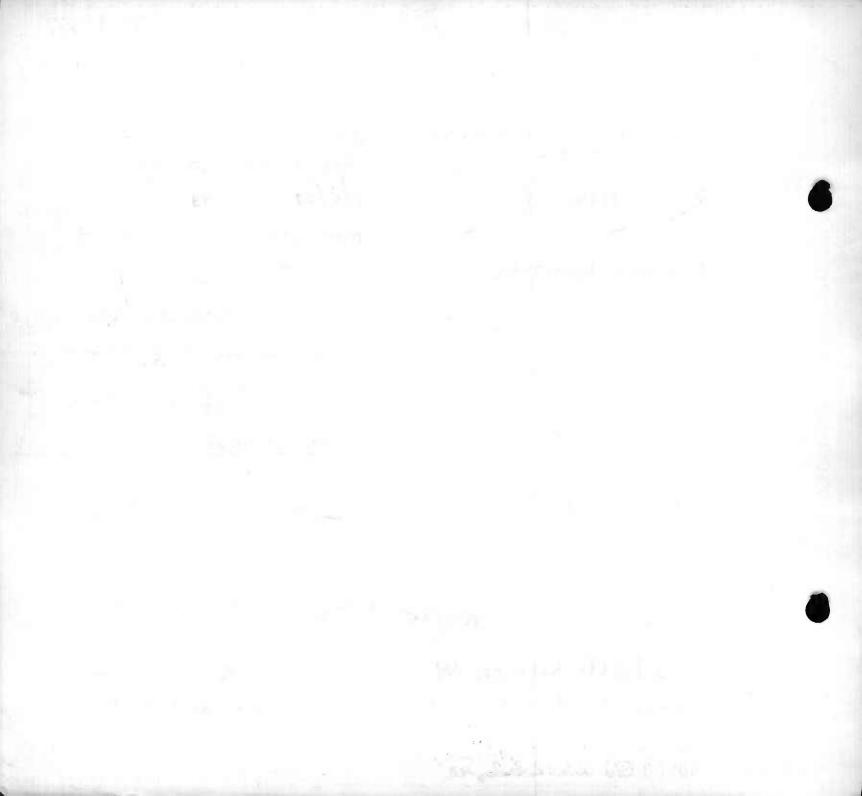
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death.

#-656 BIRTH NO.		11606		TE OF DEATH	REG. NO	70 11606			
I. NAME OF DE Type or Print)	MARTHA F	ADMED			NO HOUR OF DEATH	070 + 6.00 -			
3. PLACE IN BA	LTIMORE MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Who	EMBER 24, 1	970 6:00 p			
FULL NAME OF	PROVIDENT	HOSPIT		MARYLAND C. CITY OR TOWN		IDE CITY LÍMITS? YES W NO			
37	1514 DIVI BALTIMORE		REET	BALTIMORE E. STREET AND NUMBER 934 BROOKS	LANK APT.	YES NO			
FEMALE	6. RACE BLACK UPATION (Give kind of work	WIDOWED		8. OATE OF BIRTH 4-18-99 11. BIRTHPLACE (State or force)	9. AOE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H. Months Doys Hours Min.			
Unemp 3. FATHER'S NA	working life, even il refired)			Virginia, C	rewe	U.S.A.			
	ace Johnson			Alice Johnso					
5. Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
No.	7-57 3-15 11-11-11-11-11-11-11-11-11-11-11-11-11-			MRS. MARGARE	r WILSON/ D	au. Same			
18. 43	SE OR CONDITION DIE	RECTLY	CAUSE OF DEAT	H	rombesis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA			
DISEASES iise to the UN DERLYIN OTHER SIGNII TO THE DEAL OISEASE OR C	mplication which caused ANTECEDENT CAUSES OR CONDITIONS, it e above cause IA) G CONDITION last. FICANT CONDITIONS COI IN BUT NOT RELATED TO THE	ony, giving stoling the NTRIBUTING IE TERMINAL TO 1 (A)	Renal	A CONSEQUENCE OF:		12 days			
19A. DATE OF	OPERATION 19B. CON	ORMEO		20A. AUTOPST? (Yes or No	IN CERTIFYING CAL				
OR CONTRIBI	NT WAS UNDERLYING DITINO CAUSE OF medicol exominer)	lo etc.)	, form, foctory, street, of	n or obout 21 C. WHERE OID fice bldg., INJURY OCCUR?	(II In Boltimore	e City, give exoct locotion)			
210. TIME (Month) (Doy) (Teot) (Hour 21E. FNJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While C At Work C									
	22. I certify that (I) (this hospital) ottended the deceased from NOVEMBER 12. 19 70 to NOVEMBER 24. 19 70 that (I) (we) lost sow the deceased olive on NOVEMBER 24. 19 70 and that in(my) (our) opinion death occurred on the dote								
23A. SIGNATU	ond hour ond from the causes stated above. (I) (We) (dld) (did not) view the body ofter death. 23A. SIGNATURE Attending Med. Staff								
PAME (1	MILDO F	LIDI		PROUIDEN	T Hos	PITAL			
A. BURIAL CRE	Constitute of the contract of	240.1101	ALL AL OCIVILIERS OF CKE	24D. L	OCATION (City	y, town, or county! (Stote)			
REMOVAL (Burial	11-30-	70 Moi	unt Auburn Ce	metery Ba	altimore ,	Maryland			

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VS 150-REV. 1/1/6B



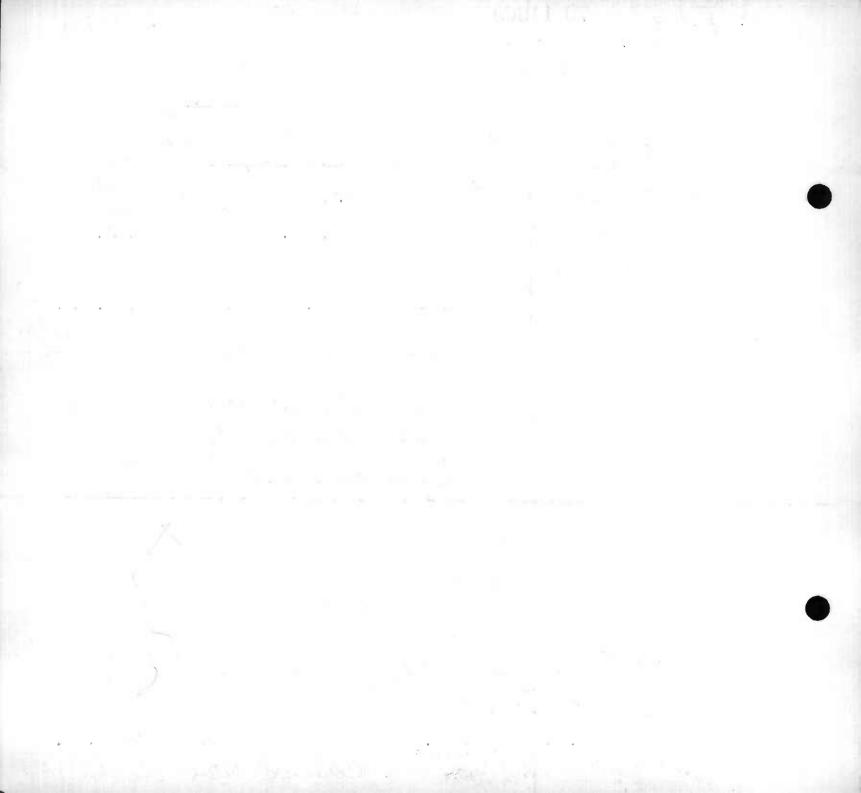
70 11608

7 000	^	MEDICAL	EXAMINER'S	LERTIFIC	LATE OF	DEAI	H REG. NO.		- 1.00	
BIRTH NO.					Known XX				Lee	
1. NAME OF DEC		s D. Jame	eson	2. DATE OF DEATH	Estimoted	Month 11	27	70	8:45	a. "
4. PLACE IN BAL			ONOUNCED DEAD	3. DATE		Month	Day	Year	Hour	101.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN H	OSPITAL OR INS	TITUTION, GIVE STREET		NCED DEAD	11	27	70		М.
3/	Baltimore	e City Ho	spital	A. STATE	SIDENCE (Where	deceosed li	B. COUNTY Balti	residence b	1 - 0	2
6. SEX	7. RACE	B. MARE	IED ANEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	/	-
male	White	WIDOV	VED DIVORCED	Ba1	to.		Y	ES 🔼	NO 🗆	
9. DATE OF BIRTI 12/6/8	H IO. A	GE (In years birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.		ND NUMBER	1 4				
					S. Ellwo	od Ave	enue			
11. BIRTHPLACE (S		intry)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER						
Greec		(U) (B WIA)	WHAT COUNTRY? U.S.A. OF BUSINESS OR INDUSTR		netrios	46				
done during most of w	PATION (Give kind orking life, even if n	etired)		1	COWN	ME				
Restaur	anteur		staurant				A	DDRESS		
(Yes, no or unknown)	(if yes, give wor or	dates of service	77. SOCIAL 291-18-940	1313 S	Sophia :	ames	on	timor	M	d.
19.///	4.6		CAUSE OF DEA		11111111111	<u></u>	,	API	PROMMATE I	NTERVAL
DISCAS	E OR CONDITION	N DIDECTIV		Arterio	sclerotic	cardi	ovascula	- 1		KIND DEATH
	LEADING TO DEA		(A)IMMEDIATE							
(This does n	ot meon the mode , osthenia, etc. it me	of dylng, e.g.,		AS A CONSEQ	UENCE OF:					,
injury or can	nplication which cou	sed deoth.)								
AT	NTECEDENT CAU	SES	10)							
	OR CONDITIONS		(8) DUE TO, OR	AS A CONSEC	UENCE OF:					
UNDERLYIN	NG CONDITION	LAST.	(c)							
<u> </u>	ii.		\\\-\-							<u> </u>
O TO THE DEA	IIFICANT CONDITION ATH BUT NOT RELA	TED TO THE TERM	INAL							
20A. DATE OF			FOR WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes	or No)
8								1	no	
Z 22A. EXTER	NAL CAUSE WAS		228. PLACE OF INJURY (e.g.,	In or obout 2	C. WHERE DID	(Il In Boltimo	re City, give exc	ect location)		
	USE OF DEATH.		home, farm, foctory, street, offic	e bldg., etc.) II	MURY OCCUR?					
≥ 22D. TIME OF INJURY	(Month) (Doy)	(Year) (Hou			F. HOW DID IN	JURY OCC	UR?			
(APPROX.)			m. WHILE AT NOT	VORK						
23.	16. 4. 4. 1. 1. 1. 1.		Inspection XX Au		1 4	him harat	ا الماما			
	Ify that I held o				ond that on the			_		
resul	ted from: Natur	al causes/	Accident Suici				ned manner l			
ACTUAL	1	7 //,	124111		HIEF MEDICAL		H		DATE SIG	NED
SIGNAT		yell	UY ALG MI	J.	STANT MEDICAL		73		11/27	/70
NAME (1	POTA	er Lipkov	vic, M.D.	ASSO	CIATE MEDICAL E	XAMINER	₩.		TT/ 2/1	770
24A. BURIAL CREE	MATION, 248. E	DATE	24C. NAME of CEMETERY	OF CREMATO	RY 24D.	LOCATION	(City, town	n, or county)	(St	ote)
Buria	ľ þ1-	30-70	Greek Ortho	dox Ce	metery F	Baltin	nore M	6		
25A. DATE REC'D	BY HEALTH DEPT	258	IAME OF REGISTRAR	35F.1	UNERAL DIRECT	ORMat	thews A	DDRESS		
DEC 1	TEN R	Bed E.	1.00 mg 17.51	9302	1 Easter	n Av	e., Bal	timor	· M	d.
VS 151-REV, 1/1/6	8									

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FUNERAL DIRECTOR:

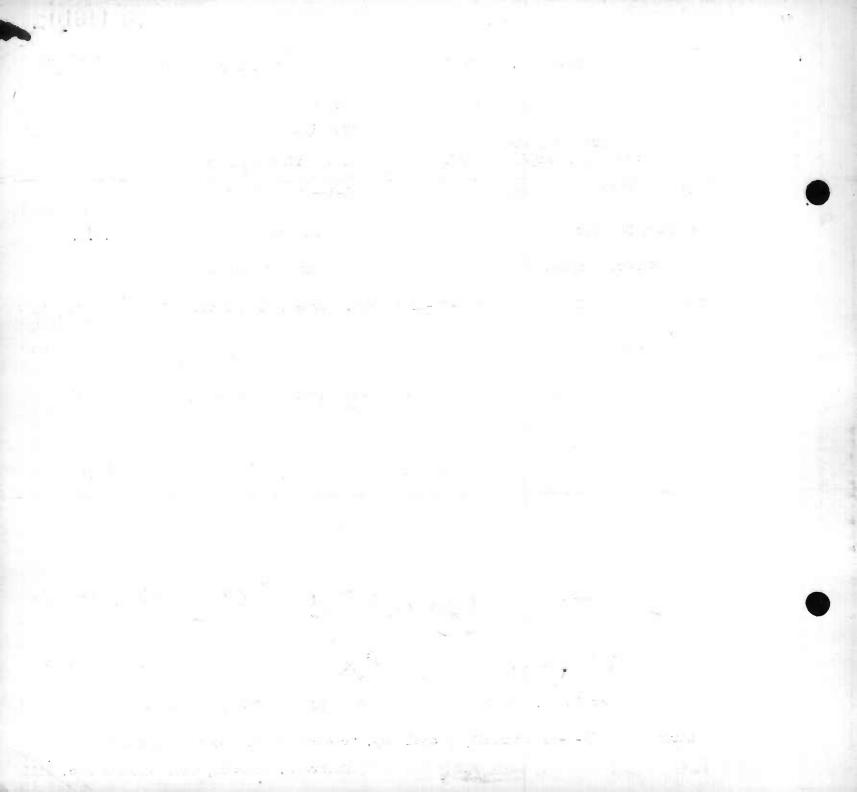
T	1/0	70 1	1609	BALTIMORE CITY	HEALTH DEPARTMENT	,	70 11000
BIF	-/63	b G F	a cont	CERTIFICA	TE OF DEATH	REG. NO	70 11609
	NAME OF DECEA	SED	· VU ///	2	2, DATE	AND HOUR OF DEATH	
Ľ		Ruth Georgia	a Favori	Lte	Mo	V28,197	0 1410 PM
		MORE MARYLAND, V	VHERE PRONO	UNCED DEAD	A. STATE B. CO	Where deceased lived. If i	nstitution: residence before odmission)
FU HO IN	ILL NAME OF OSPITAL OR STITUTION	ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	Maryland c. CITY OR TOWN	Sykesville D. INS	Carroll 66200
		Universit	y Hospi	tal	Sykesville		YES NO 🔀
	38				R.D.# 3-	•	
	F	RACE	WIDOWED		Sept 5, 1907	9. AGE (In years lost birthdoy)	If Under 1 Yt. If Under 24 Hrs. Months Doys Hours Min.
Ao	. USUAL OCCUP	ATION (Give kind of working life, even if refired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote of	foreign country)	12. CITIZEN OF WHAT COUNTRY
	House				Dixon, Ill.		U.S.A.
3.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
		Andrew Owen	s		Anna Koch		
5. (e:	Wos Deceased Events, no or unknown) (er in U. S. Anned For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS Box 501
	No			176-07-9330	Henry J. Favo	orite, Sykesv	ille, Md. R.D.# 3
_	18.44	5.10	-	CAUSE OF DEATH	1		APPROXIMATE INTERVAL
		OR CONDITION DI	RECTLY			1 11 .	BETWEEN ONSET AND DEATH
		ADING TO DEATH	dvina e.a.	(A) IMMEDIATE CAU		bythrais	***************************************
	heart loilure, as	lhenio, elc. Il meons cotion which coused	the diseose,	DUE TO, OR AS	CONSEQUENCE OF:		
		TECEDENT CAUSES	-	-20	1.1 71	· L.	14 4245
		CONDITIONS, il		(B) /Y Y O	A CONSEQUENCE OF:	rillog	19 4473
	rise to the	obove couse IA)		11/	A CONSEQUENCE OF	, 11	
	UNDERLYING	CONDITION losi.		(c)	DECIMINATE	REUJAV #15	twe
ATION	TO THE DEATH !	II ANT CONDITIONS CO BUT NOT RELATED TO T	HE TERMINAL	E) renol	Lemboli & gang	Wases	miles
5	19A. DATE OF O	IDITION GIVEN IN PAR PERATION 198 CON	T 1 (A).	WHICH OPERATION	[20A. AUTOPSY? (Yes or	No. 208 IF YES WERE	FINDINGS CONSIDERED
EKIILIC	0	WAS PER	FORMED		140	IN CERTIFYING CA	USES OF DEATH?
9	21A. A CCIDENT OR CONTRIBUTE DEATH (notify m	WAS UNDERLYING DATE OF CAUSE OF	218, hom etcJ	PLACE OF INJURY (e.g., in e, form, foctory, street, off	or obout 21 C. WHERE DIE	(If In Boltimor	re City, give exoct location)
	21 D. TIME (A	Aonth) (Doy) (Yeoil	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
3	(APPROX.)		Whi	le At Not While			
	22. I certify the	at (1) (this hospital	1.0		1/2//	10 7/) . //	/2= 1.70
		st saw the decease		11/28	19 70 and		nlan death occurred on the date
- 1	•) (We) (did) (did nat) vi			man dearn accurred on the date
	23A. SIGNATURE	11+0	(I	/ (e)(cala) (ala liai) Vi	ew the bady after dear	п.	238, DATE SIGNED
	Car	lebra (2)	5 W	~MD Atter		Shaff	11/25/10
	23C. PHYSICIAN		4	DeGREE Phys.	Director La	Phys. LC	11/20/10
	CORF	ton R.	Day	15			
4A	BURIAL CREMS	TION, 24B, DATE	24C. NA	ME OF CEMETERY OF CREATER	MATORY 24D	LOCATION (Ci	ity, town, or county) (Stote)
	Burial	Dec. 2,	1970	New St. Josep			derick Co. Md.
5A	DATE REC'D BY			F REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
ſ	EC 1 10	m Qass	Fa Ran	RA 4	Clarence C	C. A. a.	Commitations, my
壳	50-REV-1/1/68		-				C TO MAN ON THE



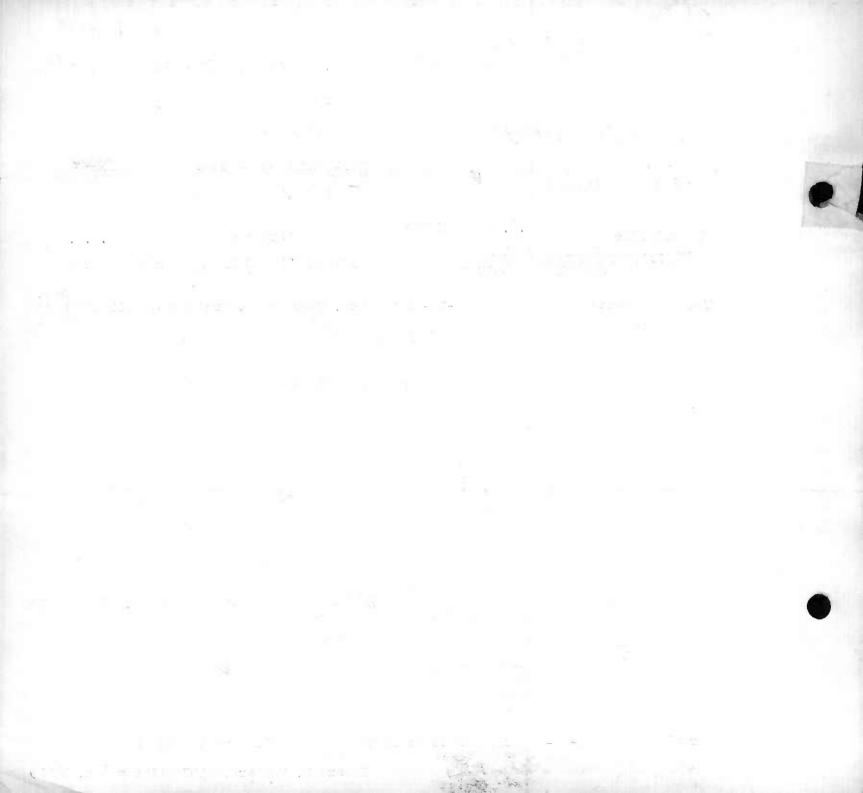
IMPORTANT

DIRECTOR:

VS 150-REV. 1/1/68



1	1,10	3		BALTIMORE CITY	HEALTH DEPARTMENT	10.0	
BIRT	TH NO.	70	11611	CERTIFICA	TE OF DEATH	reg. No. 70	11611
	AME OF DECI	Cre	ighte	n LLox	B. 2. DATE AND HOU	UR OF DEATH	1.10
3. F	PLACE IN BALT	MORE MARYLAND,	WHERE PRONC	UNCED DEAD	4. USUAL RESIDENCE (Where dece	ased lived. If institution	residence belare admission)
HO	LL NAME OF	(IF NOT IN HOS	PITAL OR INSTITUTE	TUTION, GIVE STREET	Maryland C. City or town	D. INSIDE CITY	- 72
1	un	U). 1	tosp	4	Balt.	YES] NO []
	38				E. STREET AND NUMBER 3032 Elizabeth Aye	enue	21230
5. S	Male	6. RACE Whi	7- MARRIED	NEVER MARRIED DIVORCED	8. DATE OF SIRTH IN AGE		der 1 Yr. If Under 24 Hrs. S Days Haurs Min.
		PATION (Give kind of w	ork 108, KIND O		11. BIRTHPLACE (State at foreign cause	ntry) 12, CI	TIZEN OF WHAT COUNTRY?
	Postal C	orking life, even if retired	U.S. P	ost Office	Maryland		U.S.A.
	FATHER'S NAM	IE O	DE		14. MOTHER'S MAIDEN NAME		0 3 3 4 A 9
		XXXXXXXXXXXX JEREMIA	H CREI	GHTON	CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX Ardel	la Parks
15. V (Yes,	Vas Deceased ,no or unknown)	Ever in U. S. Armed	Forces? ates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS Ave.
	es	Korean		217-24-6162	Mrs. Florence M. (Creighton, 3	
	18. 4 4 4 A	1.01	ning and a	CAUSE OF DEATI	secting Thor		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION :				acce	
	(This does no heart lailure, a	t mean the mode isthenia, etc. It mea	of dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:	************************	
	injury or comp	lication which cous	ed deoth.)	aori	to aneurys	m	
		NTECEDENT CAUS CONDITIONS,		(B)	A CONSEQUENCE OF:	*******************************	
	rise to the	above cause (A	ony, giving a) staling the	(C)	A CONSEQUENCE OF:	******************************	
z		11					
E I	to the death	BUT NOT RELATED TO	THE TERMINAL	***************************************			
	19A. DATE OF	DPERATION 198 CO	NOTION FOR	WHICH OPERATION	20A- AUTOPSY? (WIDM No.) 20B.	IF YES, WERE FINDING ERTIFYING CAUSES OF	S CONSIDERED
CER	21 A. A CCIDENT	WAS UNDERLYING	1218	PLACE OF INTURY (e.g. in	ar about 21 C. WHERE DID		
S G	DEATH (notify s	TNG [] CAUSE OF	hon etc.	ne, farm, factory, street, af	ice bidg. INJURY OCCUR?	(If In Baltimare City, g	ive exact lacation;
3 6	OF INJURY	(Manth) (Day) (Yea		INJURY OCCURRED ile At Not White	21F. HOW DID INJURY O	CCUR?	
	(APPROX)		Wo	rk 🔲 At Wark		/	
1 1		hat (I) (this hospit		The state of the s		Q to	97 19 70
		ost saw the deceo		, (19and that In (m	ny) (our) apinion de	ath accurred an the date
2	3A. SIGNATUR	From the causes st	cted above. () (We) (dld) (dld not) vi	ew the bady after deoth.	228 D.	TE SIGNED
		63	leffer	M - O Atter	ding Med. Staff Phys.	1	TE SIGNED
1	NAME (Typ	E. Sh	AFii	2	3D. ADDRESS		A
24A.	BURIAL CREM	ATION, 248, DATE	24C.N	DEGREE AME OF CRE	MATORY 24D. LOCATIO	N (City, town,	ar county! (State)
Bu	urial	11-30	-70 Gle	n Haven Cemete	rv O R GlenBur	rnie, Maryla	nd
	ECT P			OF REGISTRAR	25C: FUNERAL DIRECTOR Howard H. Hubbard		ADDRESS
VS 1	50-REV. 1/1/68			Whether 1884	trowner II. Happara,	, TIO/ WIIKE	110 1100, 2122)



This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deoth shows: (1) An occident of any noture; (2) Body burns; (3) A fracture of any kind; (4) Undetermined couse; (5) Deceased wos in regular attendance on the the deceased prior to deoth. Such wos D.O.A. at o hospital (except where the physicion who pronounced deoth wos in regular attendance or deceosed prior to death); and (6) No physicion was in regulor attendance on the deceased prior to death. written approvel must be obtained before the remains are embolmed or final disposition is mode. VS 150-REV. 1/1/68

0 = 11		HEALTH DEPARTMENT	P	70 11612
C-3/4 70	11612 CERTIFICA	TE OF DEATH	REG. NO.	OTTOIC
	GERTITE!		- 40	
(Type or Print) CAMPBELL,	Lawrence F.	11/27	70	7:30 A M
3. PLACE IN BALTIMORE, MARYLAND, W		4. USUAL RESIDENCE (When A. STATE MARYLAND	e deceosed lived. If instit TY	ution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCALINSTITUTION	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOWN BALTIMOR	D. INSIDE	Y
JOHNS HOPE	KINS HOSPITAL	E. STREET AND NUMBER	γ	EST NO
33		4613 CLA	REWAY	#21213
MALE 6. RACE WHITE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	02-13-37	ost birthdoy) 33	f Under 1 Yr. If Under 24 His.
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic	10B. KIND OF BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF WHAT COUNTRY?
		Penna. 14. MOTHER'S MAIDEN NAM	A E	U.S.A.
RICHARD CAMPBEI	UT.			
S. Was Deceased Ever in U. S. Armed For		BARBARA 17. INFORMANT	CARR	ADDRESS
Yes, no of unknown) III yes, give wor or dote	s of service) SECURITY NO.	INFORMANT		21230
No	212-34-0668	Mr. Richard F. (Campbell, 190	7 Deering Ave.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITIONS COLD TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR	NTRIBUTING	A CONSEQUENCE OF:		
198. CON WAS PERF		20A AUTOPSY? (Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUSI	DINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore C	City, give exact location
21D. TIME (Month) (Doy) (Yeat) OF INJURY (APPROX.)	(Hour) 21 E. INJURY OCCURRED While At Not White At Work	21F. HOW DID INJU	JRY OCCUR?	
22. I certify that (I) (this hospital) ottended the deceased from	11/25	9 80 to 11/2	7 19.70
that (I) (we) lost sow the deceose and hour and from the couses start	d alive an 11/27	19 70 and the		n death accurred on the date
23A. SIGNATURE	dayabove. (1) (we) (did) (did har)	view the body offer deoffi.	12:	B, DATE SIGNED
laufer TV	The Degree Phy	rs. Director	Stoff Phys.	11/27/70
NAME Type Douglas A.	Greene, MD	Jphns Hopkins	Hospital	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CR	EMATORY 24D. LC	OCATION (City,	town, or county! Stote
Burial 12-1-19	70 Meadowridge Cen	metery Wash	nington Blvd.	, Howard Co., Md.
2SA, DATE REC'D BY HEALTH CEPT.	25B. AAV. OF PEG. TAS	2SC. FUNERAL DIRECTOR		ADDRESS
ASA T MAN ANGEL	Market State of State	Howard H. Hubl	pard, 4107 Wi	1kens Ave. 21229

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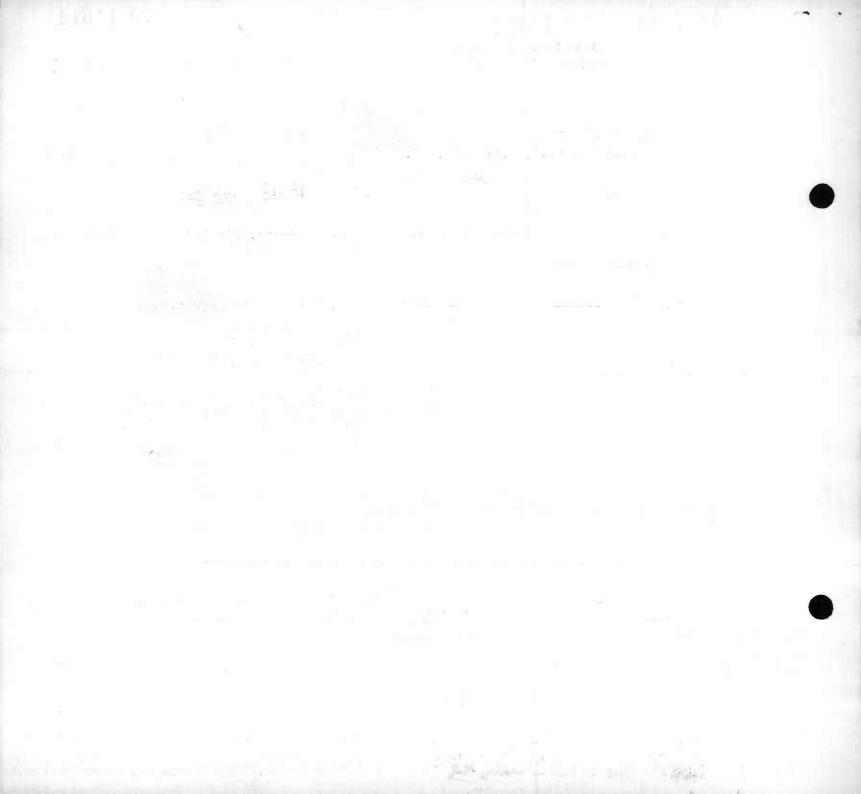
1.	17-324	/	MEDICAL	EXAMINER'S			DEAT	H REG. NO.	70 1	1613
1. 1	TH NO. NAME OF DEC		ITCHELL		2. DATE OF	Known Estimoled	Month	Day	Year	Hour
FULI		TIMORE, MARYLA	ND, WHERE PR	ONOUNCED DEAD		UNCED DEAD		mber 28		7:05 P. M.
	31	CITY HOSP	ITAL		A. STATE	RESIDENCE (Where		B. COUNTY	26	-09
6. S	Male	White	8- MARR WIDOW			timore		D. INSIDE C		ио 🗆
9.0	uly Q-	1888 10.A	GE (in years birthdoy)	If Under 1 Yr. If Under 24 F Months Doys Hours N	lin.	AND NUMBER 3 S. Eaton	Stree	t		
	me	tate or foreign coul		12. CITIZEN OF WHAT COUNTRY?	900	NAME W.				
I4A. done	USUAL OCCU during most of w	PATION (Give kind ovorking life, even if re	etired) Lont	OF BUSINESS OR INDUS	U	130	unes			
		ED EVER IN U.S. A			74 anna	MANT MITCH	ell	813	S. La	ton st.
	OliseAs (This does in heart follure injury or con DISEASES CRISE TO THI	E OR CONDITION LEADING TO DEA al mean the mode , asthento, etc. it me nplication which coun NTECEDENT CAUS OR CONDITIONS, E ABOVE CAUSE (TH of dying, e.g., ons the disease, sed deoth.) SES IF ANY, GIVING A) STATING THE	CAUSE OF E Fracti (A)IMMEDIA DUE 10, (re Cerv	ical Verte			AP	PROXIMATE INTERVAL ZEN ONSET AND DEATH
CERTIFICATION	OTHER SIGN TO THE DEA	NG CONDITION I	ONS CONTRIBUT	ING Arter:	iosclero	tic cardio	vascul	ar dise	ase	
CERT	20A. DATE OF	F OPERATION 20B	CONDITION	FOR WHICH OPERATION	WAS PERFOR	MED			21. AUTO	yes
MEDIC	UNDERLYING UTING E CA 22D. TIME OF INJURY (APPROX.) 1		(Year) (Hou	228. PLACE OF INJURY (e home, form, foctory, street, Home) 22E.INJURY OCCURRI WHILE AT WORK	office bldg., etc.)	22C. WHERE DID INJURY OCCUR? 813 S. E 22F. HOWDID IN Subject f	aton S	Street	act location)	-09
		URE Rona	couses [Accident Su	M.D. ASS	and that on to the control of the co	Undeterm EXAMINER EXAMINER	, death in my ined manner		date signed
	A. BURIAL CREI	MATION, 248. D	-2-70	Oak La	RY or CREMAT	ORY 24D.	Bull	(City, tow	n, or county)	mel.
254	DEC 1	BY HEALTH DEPT.	258. N	AME OF REGISTRAR	250	FUNERAL DIRECT	Toffma	un 3	ADDRESS 218 B	Juden &
VE	161 DEM 319 /4	0 /								

July 2-1888 22 217-01-4974 land Mitchell E13 W. Laten 40

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY Maryland, Baltimore County 5.5 D. INSIDE CITY LIMITS? NO X 21117 Shipes Lane, Il Under 1 Ya. Manihsi Days Il Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? 9304 MINAR Road Mrs. Katie Belle Morris, Randallstown, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (if in Bolttmoro City, give exact location) and that In(my) (our) apinion death occurred on the dote (City, town, or county) Ellicott City, Howard, Md. 21043 Loring Byers, 8728 Liberty Rd. Randallstown, Md



12:15 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) D. INSIDE CITY LIMITS? YES 🛨 NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Taney Heights Drive. Mrs. Ethel M. Carbaugh, Taneytown, Ed. (Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (C)_____ 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact lacation) and that in (my) (our) apinian death accurred an the date 23 B. DATE SIGNED shows: Taneytown, Carroll Co. Md. 3 Littlestown, PA VS 150-REV. 1/1/68

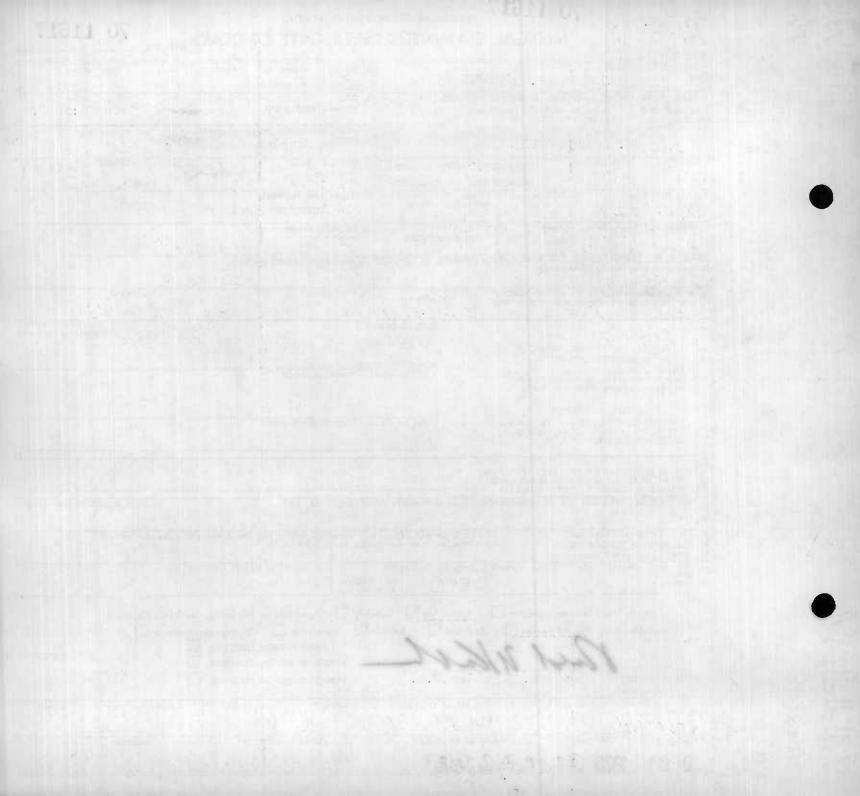
7 7 2020 CV 10 (to 10) 77 The same of the sa T. V. Opening the plant of the contract

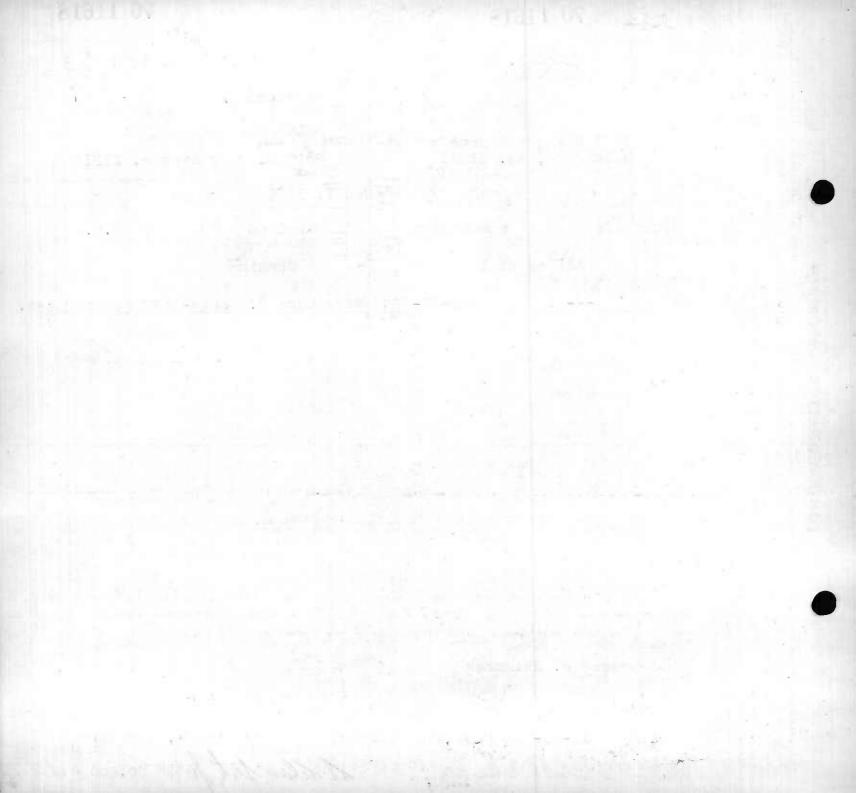
VS 150-REV. 1/1/68

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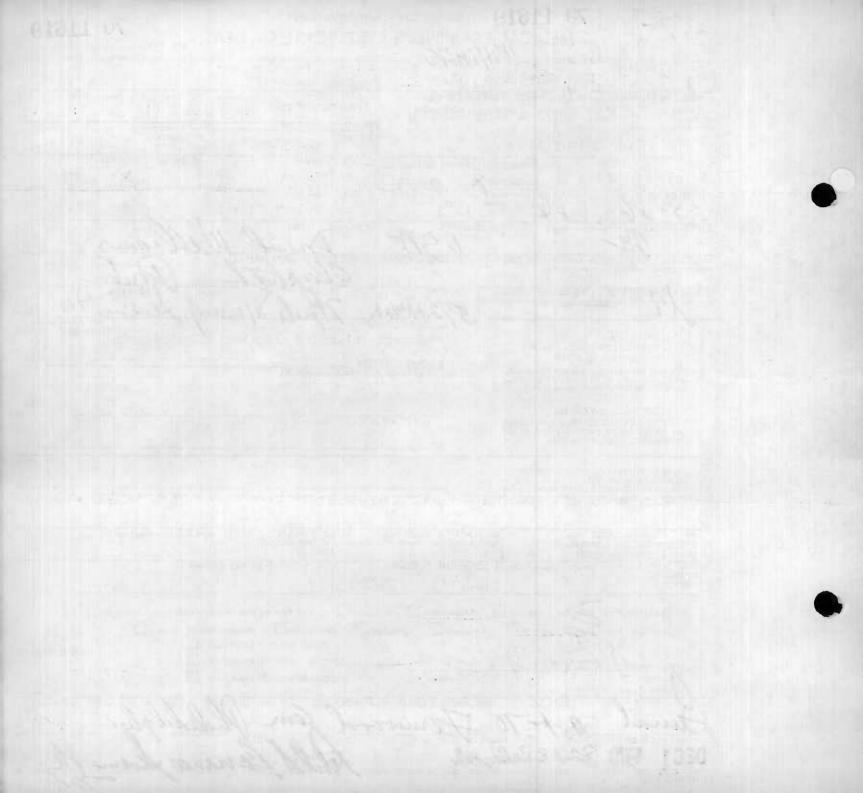
che 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 151-REV. 1/1/68

ally





VS 151-REV. 7/1/68



15	3-436	2	0 1:	1620		ALTIMORE CITY				TO NO	70 -	11620	
	TH NO.				C	ERTIFICA	TE OF	DEATH	1 '	(EG. NU	10	LUSIC	2
	AME OF DEC								AND HOUR				
		CHULT							VEMBER		1970	6:0	
3. 1	PLACE IN BALT	IMORE, MAR	YLAND, W	HERE PRONG	DUNCED	DEAD	A. STATE	RESIDENCE (V	Vhere deceos	ed lived. If i	nstitution: 1	esidence befo	ore odmission)
FUI	LL NAME OF	(IF NOT	IN HOSPIT	AL OR INSTI	NOITUT	GIVE STREET	MAR	YLAND				21-0	2
INS	NOITUTION						C. CITY OR	TOWN		D. INS	IDE CITY L	IMITS?	
		ST. A	aNE 5	HO2 FI	IAL		BALT	MOR E			YES 💢	NO	
	160						11			TDEET	21	222	
5. S	EX	6. RACE		7	r¥1		1131					223	-
1	MALE	WHITE		WIDOWED		DIVORCED _	10-00	0=01	9. AGE (lost birth	dayi	Months	Doys Hau	Under 24 Hrs. rs Min.
done	during most of w	rosking life, ever	kind of work n if retired)	108 KIND C	F BUSINES	SS OR INDUSTRY	11, BIRTHPL	A CE (Stoto or I	loreign countr	yl	12. CITI	ZEN OF WHA	AT COUNTRY
		IBLY L	INE				MARY	LAND			U	.S.A.	
13. [FATHER'S NAA	NE .					14. MOTHER	'S MAIDEN	IMA				
	ANDDEN	CCHIII	T77				FLIZ	ABETH	(CASE	Y)			
5. V	ANDREV Wos Deceosed ,no or unknown!	Ever in U. S.	Armed Fore	es?	16. SOC		17. INFORM	ANT				ADDRESS	
		m heat Sing !	H-91 Of 0016	o di adivice)		URITY NO.			KENS /				
	NO 18. / / /					4-03-547	4 ST	AGNES	HOSP	ITAL F	RECOR	DS CAT	TON &
	4/6	OR COND	TION DIE	ECTLY	•	tota of DEAT			,,	-	-	BETWEEN ONS	
	1	LEADING TO	DEATH			AND SERVICE CALL	er Mes	outido	Leas	+ An	Lup	Morn	x. Tue
	LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, osthenio, etc. It means the disease. (A) IMMEDIATE CAUSE (DU SEATURE HEART FAICURE) DUE TO, OR AS A CONSEQUENCE OF:									~- / ~~~			
	injury at com	licalian which	h caused	death.)	•		11						,
	A	NTECEDENT	CAUSES			-1	Myou	udiae	"hile	ration	/	?	
	DISEASES O	CONDITIO	NS, If	ny, giving	, (t	DUE TO, OR AS	A CONSEQU	ENCE OF:	101		1	***************************************	
	rise to the obove cause (A) stating the UNDERLYING CONDITION lost. (C) ASCVD												
-		11	. ,00,,		- (0	~/							
Z O	OTHER SIGNIFIC	ANT CONDIT	IONS CON	ITRIBUTING									
티	TO THE DEATH DISEASE OR CO	BUT NOTREL	ATED TO THE	E TERMINAL					************				
	19A. DATE OF			OTTON FOR	WHICH O	PERATION	20 A. AUT	OPSY? (Yes or		YES WERE	FINDINGS USES OF	CONSIDERE	D
8	21 A. ACCIDEN	WAS UND	RLYING	211	PLACE	DE INTITRY (a.g. is	or about 21 C	WHERE DID		ar a bu	- Cu		
	21 A. ACCIDEN OR CONTRIBUT DEATH (notify	ING CAUS	EOF	hor	ne, form,	of INJURY (e.g., is factory, street, af	fice bldg., INJ	URY OCCUR?		(it In Bottimor	e City, glv	e exect le cette	on)
U													
31	of injury	(Month) (Do	y) (Teon		ille At	OCCURRED Not While		HOW DID I	NJURY OCC	CUR?			
	(APPROX.)			1444	THE SAME	WI MAGIK							
	22. I certify t	hot)(1) (this	hospitol)	attended t	he decea	sed from N	ONEWBE	R 26	19 70	to NOVE	MBER	26	790
1	thot (1) (we)	ost sow the	decease	d olive on_	NOVEN	ABER 26	19.70	ond	that in 06)	(our) opl	nion dea	th occurred	on the date
	ond hour ond	from the co	uses stote	ed obove.	(we) (d	114) (AKKAY)	ew the bod	v ofter deat	h.				
	23A. SIGNATUR		/					, с			23B, DAT	E SIGNED	
	Your	0/13	Wes	tolo	1-) Diam	nding	Med.	Staff Phys.		111	126/19	372
1	23 C. PHYSICIAN	15/		1		DEGREE Phys	3D. ADDRESS	Director L.J	rnys.		11/10	00/1/	10
	NAME (Ty		TDUA	1 [75] 1.40					1000.				
24A.	BURIAL CREM	LO WES	DATE	LEN ML	AME of C	DEGREE CALE	ST. A	GNES -	LOCATION		T ON E	MOKK	
	Burial										ly, town, o	county	(Slote)
25 A	DATE REC'D		Nov.	25B, NAME		and Memor			altimor	e,		77.75	Md.
n	EC 4	A				KAK	1 7 7 7	ERAL DIRECT	3			ADDRESS	
<i>I</i>	60 PEV 1/1/2		تعربة ك	Jaber	- A E		Kirk	cley Fur	Teral H	lome, G	len Bu	irnie,	™d•
3 I	50-REV. 1/1/6	3											

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IMPORTANT

FUNERAL DIRECTOR:

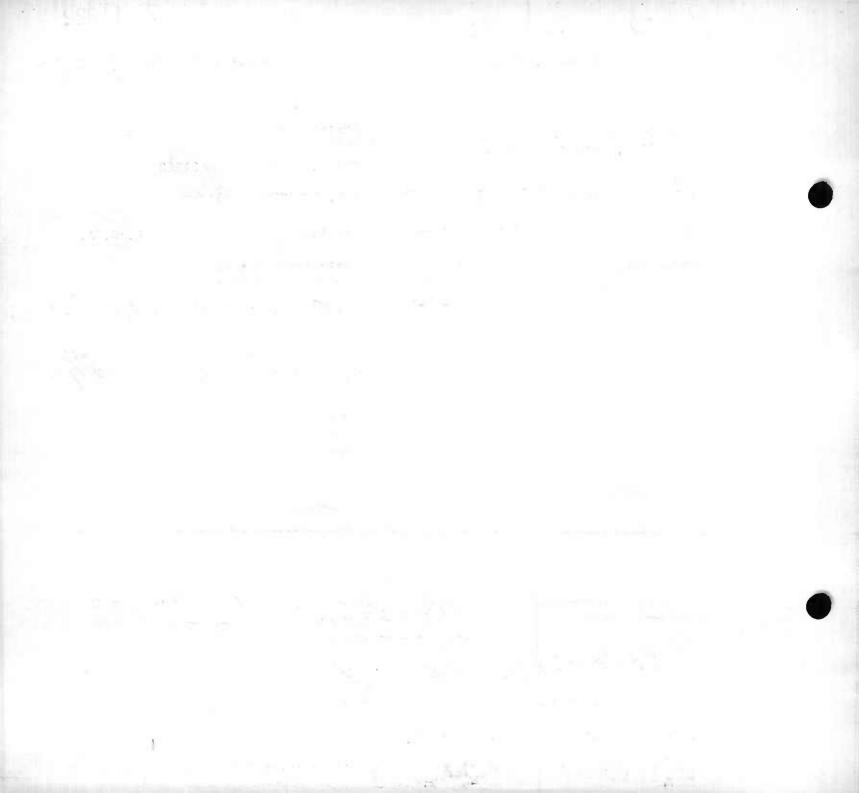
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 a hospital and

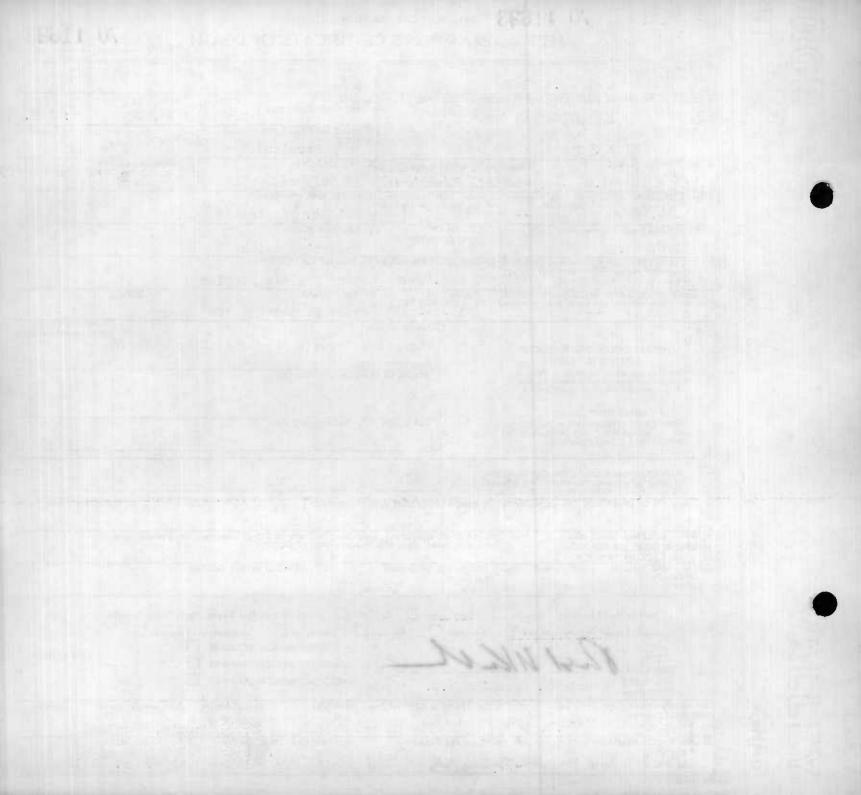
1	200	7 70	4400	BALTIMORE CIT	HEALTH DEPAI	RTMENT		70 1163	2
	BIRTH NO.	70	1103	CERTIFICA	TE OF DE	ATH	REG. NO		~
	I.NAME OF DEC	EASED				2. DATE AND	HOUR OF DEATH		
			. Rigney				mber 27, 19		Pu .
	3. PLACE IN BAL	TIMORE, MARYLAND, V	VHERE PRONOL	INCED DEAD	A. STATE	ENCE (Where	deceased lived. II in	stitution; residence before	pre odmission)
	FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	Maryland			12-0	4
	NOITUTITZNI				C. CITY OR TOW		D. INS	IDE CITY LIMITS?	/
		the Pines,		e	Baltim E. STREET AND			YES 🖺 NO	
ó	90 2323	W. Belveder	e Avenue		11				
p	5. SEX	6. RACE	7. MADDIED	NEVER MARRIED	8. DATE OF BIRT		AGE (In years		
mad	Female	Caucasian	WIDOWED	_	Feb. 2,	lo	st birthdoyl	Months Days Hou	Under 24 Hrs. Min.
disposition is	IOA, USUAL OCCU	JPATION (Give kind of work	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	Stole or foreign	Country)	12. CITIZEN OF WH	AT COUNTRYS
.o	Sales I	Antring me, even it tellisol		ng Store	Marylan				ri contini
Si	13. FATHER'S NAM		OLOCIII	ns beore	14. MOTHER'S N			U.S.A.	
Sp	John Mo	ran				eth Crea			
	15. Wos Deceased	Ever in U. S. Armed For	ces?	6. SOCIAL	17. INFORMANT	ctii Cite	rger		
final	(Tes, no or unknown)	(Il yes, give wor or dote	s of service)	SECURITY NO. 267-07-4269A				ADDRESS	
	18. // /	A 9			Lira. Light	y E. Sti	111 3712 GW	ynn Oak Ave	. 21207
0	-J. /	E OR CONDITION DI	AFCTI V	CAUSE OF DEAT	-1			APPROXIMA BETWEEN ONS	TE INTERVAL
almed		LEADING TO DEATH			(000)	X -7	10	1 20	h
틀	IThis does no	al mean the mode of asthenia, etc. It means	dying, e.g.,	(A) IMMEDIATE CAU	SE CONSEQUENCE	OF: //	lie e v	7 100	2
9	injury or cam	plication which caused	death.)	u	the 1	eccio	ueevx	0- 10 19	(^
E	A	NTECEDENT CAUSES		(0)					
are	DISEASES O	R CONDITIONS, if	any, giving	(8)	A CONSEQUENCE	OF:	*************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	UNDERLYING	abave cause (A)	sloling the	(c)					
6		- 11		(~/	***************************************		************************		
E	O THE DEAT	CANT CONDITIONS COL	NTRIBUTING						
the remains	A IDISEASE OR CO	BUT NOT RELATED TO THE	Γ 1 /Δ1.	**************					
	NA. DATE OF	OPERATION 198. CON	DITION FOR WI	HICH OPERATION	20A. AUTOPSY		208. IF YES, WERE F	INDINGS CONSIDERE	D
efore	U 21A. ACCIDEN	T WAS UNDERLYING	210 0	LACE OF BUILDRY	200				
ا ۵	U DEATH Inotity	T WAS UNDERLYING TING CAUSE OF	home,	LACE OF INJURY (e.g., ir form, foctory, street, of	ice bidg., INJURY	ERE DID DCCUR?	(If In Boltimore	City, give exoct locotion	n)
peui	OF INJURY	(Monthi (Doy) (Year)		NJURY OCCURRED	21F. HOV	N DID INJUR	Y OCCUR?		
0	(APPROX)		While	At Work					
opt	22. I certify t	hat (1) (this hospital	attended the		Decr	/' 10	69 to ne	5-27	10 7/
pe	that (1) (we)	ost saw the decease	d olive on	non 2	7 1970			ion death occurred	19.7()
	and hour and	from the couses state	ed obove. (1)	(We) (did) (did noi) v i		as death	opin	ion death occurred	on the date
must	23A. SIGNATUR	E (1)	~ 4		- The body offi	er dedilis		23B, DATE SIGNED	
<u> </u>	4	exlouke	2/1000	W 60 proses Phys.	ding Med	Star Star	off.	11/20	/20
ا ڏ	23C. PHYSICIAN NAME (Ty	r's	Vuo V	DEGREE	3D. ADDRESS	cror - Phy	/\$. 🖵	100/	10
approval		Lester Kolm	an		6821 Reis	trans trans	n Deed		
o l	MAN BURIAL CREM	ATION, 24B, DATE		AE OF CEMETERY OF CRE		24D. LOCA		, town, or county)	(Stotel
0	Burial	11/30/7	0	Cathedral				10	1210(6)
ritten	SA. DATE REC'D		25B. NAME OF	5 6 3 6 1 3	25C. FUNERAL		imore, Mary	ADDRESS	
۶	DEC 1	1970 Robert	E. Jabe	A.D.	Loring	Byers 8	728 Liberty	Road 21133	5

Robert E. Jaben

DEC1 VS 150-REV. 1/1/6B



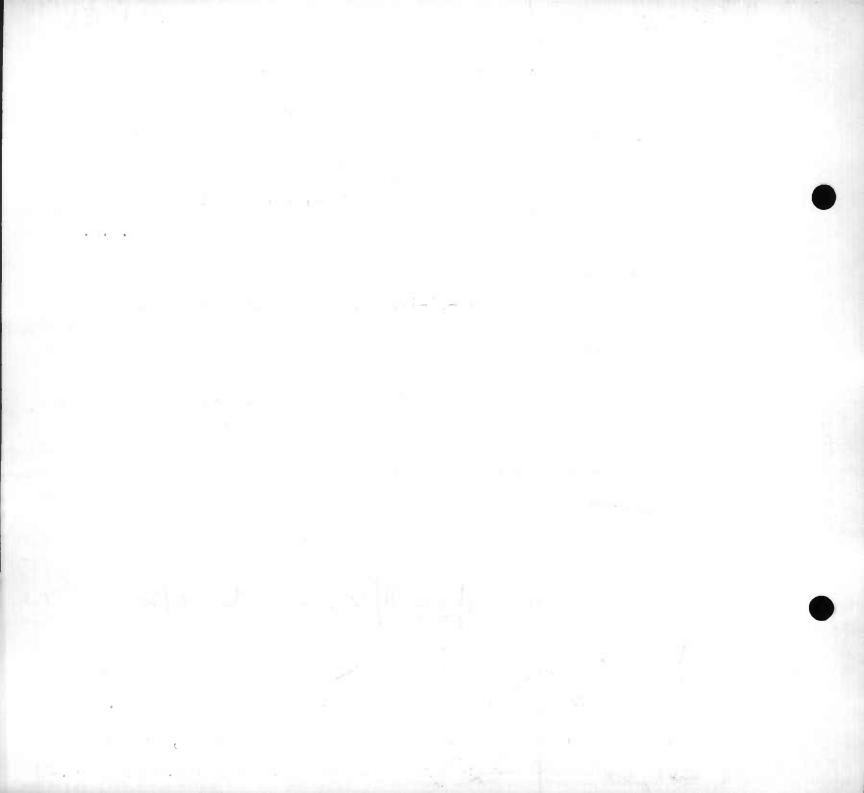
627	EALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 11623
BIRTH NO.	REG. NO.
I. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Year Hour
FRANK G. SMITH	DEATH Estimoted . M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD November 28, 1970 9:01 P.M.
821 St. Dunstans Street	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland A. STATE Maryland
	C. CITY OR TOWN D. INSIDE CITY LIMITS?
MAKKIED EN NEVER MAKKIED L	
Male White WIDOWED DIVORCED	Baltimore YES NO NO NO NO NO NO NO NO NO NO NO NO NO
9. DATE OF BIRTH 10. AGE (In years Winder 1 Yr. II Under 24 Hr Feb. 4, 1907 65 64	821 St. Dunstans Street
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Balto. Md. WHAT COUNTRY?	Frederick Smith
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	
	Mary Theresa Stetler
General Office Work National Eng. Co.	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
No 212-14-0893	
19.4 / 2 4 1 CAUSE OF DE	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arter	iosclerotic cardiovascular disease
LEADING TO DEATH (A)IMMEDIATE	CAUSE
	R AS A CONSEQUENCE OF:
injury ar complication which coused death.)	
ANTECEDENT CAUSES (p)	
(D)	R AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	
CTUSE SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION VIII.	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	NAS PERFORMED 21. AUTOPSY? (Yes or No)
lö 🔿	
22A EXTERNAL CALISE WAS 122R PLACE OF INITIPY/A	no
UNDERLYING OR CONTRIB- home, form, foctory, street, of UTING CAUSE OF DEATH.	in or obout 22C, WHERE DID (II in Boltimore City, give exact location) lice bidg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	i., in or obout 22C, WHERE DID (ii in Boltimore City, give exact location) injury OCCUR?
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED (ARBEDOY)	in, in or obout 22C, WHERE DID (it in Boltimore City, give exact location) itce bidg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUR?
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UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRET OF INJURY (APPROX.) 1 certify that I held an inquiry Inspection A resulted fram: Natural causes Accident Suice SIGNATURE EXAMINER'S Ronald N. Kornblum, M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	Injury Occur? 22F. How Did Injury Occur?
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) (22E.INJURY OCCURRET WHILE AT NOW WORK AT NOW WORK AT NOW WORK AT NOW WORK AT NOW WORK AT NOW WORK AT NOW WORK AT NOW WORK AT NOW WORK AT NOW WORK AT NOW WORK AT NOW WORK AT NOW WORK AT NOW WORK AT NOW WORK AT NOW WORK AT AT NOW WORK AT NOW WO	22C, WHERE DID (II in Boltimore City, give exact location) 22F. HOW DID INJURY OCCUR? 22F. HOW DI
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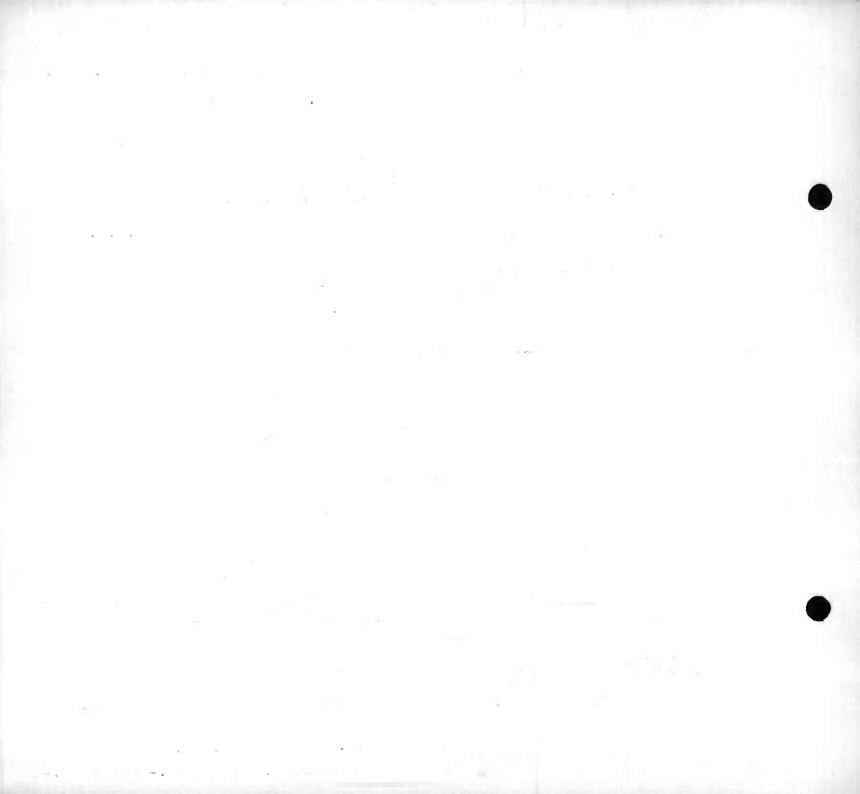
	1/1 20 11000	BALTIMODE CITY	HEALTH DEPARTMENT		
1	4-400 70 11634			REG. NO.	70 4400
	RTH NO.	CERTIFICA	TE OF DEATH	X	1.1534
1. P (Ty	HILLY MAUDE			EMBER 23. 1	970 ₁ 11:20 P/ _M
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	INCED DEAD		ere deceased lived. If inst	ilution: residence before odmission)
FU	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITU	TION CIVE STREET	MARYLAND		MODE COUNTY
H	OSPITAL OR ADDRESS OR LOCATION) STITUTION	HON, GIVE SIREE	C. CITY OR TOWN		MORE COUNTY E CITY LIMITS?
10			CATONSVILL		YES NO IX
~	ST AGNES HOSPITAL		E. STREET AND NUMBER		
_			401 SHADY	NOOK AVENUE	21228
		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	FEMALE WHITE WIDOWED[DIVORCED _	12 27 97	72 -	
don	LUSUAL OCCUPATION (Give kind of work 10B, KIND OF during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign countryl	12. CITIZEN OF WHAT COUNTRY?
	HOUSE WIFE A	T Homis	NORTH CARO	LINA	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	1.
	Charley HALE		Lula	12:1-11	
5. Ye	Was Deceased Ever in/U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT D	FCORD IC DALL	T I MOADDRESS
	NO	SECURITY NO.			TIMORE MD 21229
_	18. // / / / / / / / / / / / / / / / / /	216107441 CAUSE OF DEATH		OSPITAL WIL	KENS & CATON AVE
	DISEASE OR CONDITION DIRECTLY	ORDER OF BEAT	+	0-1	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	Clau	Le Bron	chilis	15 MZ3.
	(This does not mean the made of dying, e.g., heart failure, asthenio, etc. it means the disease,	(A) IMMEDIATE CAU DUE TO, OR AS A	CONSEQUENCE OF:		
	injury or complication which caused death.)	0	7 4		
	ANTECEDENT CAUSES	in Lel	t cordio	c loelur	e 8 223.
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	7	
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	in ace	te corone	ory Throm	G. 4 hs.
		(c)			
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	9 1:	To . 00	25/	
CATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	viole	ces succe	cus	*********
E	19A-DATE OF OPERATION 19B CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes of h	IN CERTIFYING CAUS	IDINGS CONSIDERED
2			NO	44 GERIPHNO CAUS	ES OF DEATH!
	OR CONTRIBUTING I CAUSE OF Thomas	PLACE OF INJURY (e.g., in form, foctory, street, off	or about 21 C. WHERE DID	(II In Boltimare C	City, give exact location)
S	DEATH (notify medical examine) etc.)	•••••			
MEDI	IOF INJURY	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
2	(APPROX) While Work	Not While			
	22. I certify that 🖔 (this hospital) attended th		JEMPED 07	19.70 to MOVI	EMBER 23, 19 70
	that () (we) last saw the deceased alive on 1	NEMBER 22	19 70 a-4		on death accurred on the date
	and have and from the causes stated above. (1)	- /	and Ala Lada at a star to at	u~i iu Kukti fanti abiui	an degly accoured an the date
	23A. SIGNATURE	(a) (aia) (Kið Yox) Aj	ew the bady after deoth.		3B, DATE SIGNED
	17	Atten	ding Med.	Shaff Phys.	11/24/70
	23 C. PHYSICIAN'S		3D. ADDRESS		
	23C. PHYSICIAN'S NAME (Type) A PTER,	4.0		BALTIN	
244		DEGREE		PITAL WILKER	
	REMOVAL (Specify)			LOCATION (City,	town, or county) (State)
25.0		ood ShEPH	-	Micott Eily	Md.
ZDA	DEC 1 1970 Robert E. Jack	REGISTRAR	25C. FUNERAL DIRECTO	6	Ellicett C.F.
1/5			Highbellus	7-SIACK	" md &10/43
4.9	150-REV. 1/1/68				

while the same with the same w

4-11/	HEALTH DEPARTMENT 70 11625
BIRTH NO.	TE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
JOHN H. Fischer XEOSO	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmissi A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Manuford 27-78
HOSPITAL OR ADDRESS OR LOCATION)	Maryland C.CITY OR TOWN D. INSIDE CITY LIMITS?
Mt. Sinai Nursing Home	Baltimore YES NO
4613 Park Heights Ave.	E. STREET AND NUMBER
/ 10/	1220 Woodbourne Ave
6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE IIn years If Under 1 Yr. If Under 24 House Months! Doys Hours Min.
male caucasian WIDOWED DIVORCED	Aug 31, 1881 89
OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY lone during most of working life, even if retired)	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNT
Never Worked	Maryland U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Fischer	
Charles Fischer	Annie Demitz
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	ADDRESS
No 218-52-1178	Mrs Mary C Tamburo Same
18. 12 7 91 CAUSE OF DEATH	
	osclero the
LEADING TO DEATH	ISE Cheproscular 9 40
near iditire, asinenia, etc. If means the disease,	A CONSEQUENCE OF:
injury ar camplication which caused death.)	
ANTECEDENT CAUSES	inoseurs fuer
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS is to the abave cause (A) stating the	A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************************************
19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
O TOTAL CENTRAL CONTROL	IN CERIFFING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	n or about 21 C. WHERE DID (If in Baltimore City, give exact location)
DEATH Inotify medical examiner	
21D. TIME (Month) (Doy) (Yeo) [Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At Not While	
Work At Work	H(1) 70 1/10 4:
22. I certify that (I) (this hospital) ottended the deceosed from	19 10 10 19 00 19
that (1) (we) lost sow the deceased alive an	19 and that In(my) (our) opthion death accurred an the de
and hour and from the couses stoted above. (1) (We) (did) (ald nat) v	lew the bady after death.
23A. SGNATURE	23 B. DATE SIGNED
DEGREE	nding Med. Staff
23C. PRYSICIAN'S NAME (Type)	23D. ADDRESS
Dr. George Vash	206 S. Gilmor St, Balto, Md.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	
Burial 12/1/ 70 Baltimore	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME_OF REGISTRAR	Baltimore, Maryland
000 - 4000) 0 0 0 2 0 3 1	25G FUNERAL DIRECTOR ADDRESS
	Leonard J. Ruck, IncBalto, Md14
S 150-REV. 1/1/6B	



-12	70	11636 BALTIMORE	CITY HEALTH DEPARTMENT		70 44 000				
BIRTH NO.		CERTIFI	CATE OF DEATH	REG. NO.	70 11626				
1. NAME OF DE		O OPT		HOUR OF DEATH					
3. PLACE IN BA	JOSEPH	VHERE PRONOUNCED DEAD	NNATO NOV.	28, 1970	3.10 a.				
	sa de		A. STATE B. COUNT	deceased lived. If in	stitution: residence Detore admissio				
FULL NAME O	F (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C, CITY OR TOWN	1	4-02				
NOITUTITANI			Baltimore	D. INSI	YES X NO				
1	HOUSE IN THE	E PINES BELAIRE	E. STREET AND NUMBER		TES [A]				
90			1532 Fernley	Road					
5. SEX	6. RACE	7. MARRIED NEVER MARRIED		AGE (In years	Il Under 1 Yr., If Under 24 H Months: Days Haurs Min.				
male	caucasian	WIDOWED DIVORCED	1 4/ / 1090	()	Trionins; Day's Trionis Trum.				
done during most of	CUPATION (Give kind of world world)	108 KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or loreign	countryl	12. CITIZEN OF WHAT COUNT				
Ret.	Self-employ	eed	Italy		U.S.A.				
13. FATHER'S NA			14. MOTHER'S MAIDEN NAM						
	Michael S	pinnato	Catherin	e Mariana	9				
5. Was Decease	d Ever in U. S. Armed For		17. INFORMANT		ADDRESS				
no	Jest Rive Ant of gold	SECURITY NO.	Mne Amolia	chl c					
118.	OY	CAUSE OF D	Mrs. Amelia A	sniey sa	APPROXIMATE INTERVAL				
DICE	SE OD COUDINOU DU		-		BETWEEN ONSET AND DEA				
DISEA	SE OR CONDITION DIE LEADING TO DEATH	RECTLY	12 - 12 -	Po					
(This does	not mean the mode of	dving (A) IMMEDIATI		Gribilizante	6 weefor				
heart failure	, asthenia, etc. It means	the disease.	R AS A CONSEQUENCE OF:	, 0					
injury of co	injury or complication which coused death.)								
	ANTECEDENT CAUSES	(B)	frome Cheming breek	Infection					
DISEASES	DISEASES OR CONDITIONS, if any, giving rise la like above cause IA) stating like								
UNDERLYIN	IG CONDITION lost	siding the	with Prostitie Ayear	trouby "					
	11	(1/2	Kill II	A 17	<i>></i> /				
OTHER SIGN	FICANT CONDITIONS CO	NTRIBUTING 2	D. Czeria	Continue of	7				
☐ THE DEA	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	HE TERMINAL	theter 14 courses dies	http ulery	months - years,				
		DITION FOR WHICH OPERATION		208. IF YES, WERE F	INDINGS CONSIDERED				
			n	AT CERIIFIING CAL	ASES OF DEVILE				
U 121A. ACCIDI	CALL TALL S TIAL D CALL TIAL	218 PLACE OF INTURY	1 1010 111100						
OP CONTRIB	ENT WAS UNDERLYING		e.g., in or about 21 C. WHERE DID	(If In Baltimare	e City, give exact location)				
OP CONTRIB	UTING CAUSE OF y medical examined	home, form, factory, streeted	et, office bldg., INJURY OCCUR?	(if In Baltimare	e City, give exact location)				
OR CONTRIB	UTING CAUSE OF y medical examines	(Hour) 21E INJURY OCCURRED	office bldg., INJURY OCCUR?		e City, give exact location)				
OP CONTRIB	y medical examined	(Hour) 21E INJURY OCCURRED While At Not	21F. HOW DID INJUI		e City, give exact location)				
OR CONTRIED DEATH (notified of injury (APPROX.)	y medical examiner) (Month) (Dayl (Yead	(Hour) 21E INJURY OCCURRED While At Not Work	office bldg., INJURY OCCUR?	Y OCCUR?	e City, give exact location)				
OR CONTRIE DEATH (notified of injury (APPROX.) 22. I certified or injury (APPROX.)	y medical examines) (Month) (Dayl (Yead y that (I) (this hospite)	(Hour) 21E INJURY OCCURRED White At Not Work At \(\)) attended the deceased fram	While 21F. HOW DID INJUI	70_to	11/28/19 70				
OR CONTRIED DEATH (not) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (week)	y medical examines) (Month) (Dayl (Yead y that (I) (this hospital)) last saw the decease	(Hour) 21E INJURY OCCURRED While At \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	While 21F. HOW DID INJUI Work 21F. HOW and that	70_to	11/28/1970				
OR CONTRIED DEATH (not) 21D. TIME OF INJURY (APPROX.) 22. I certifithat (I) (wee ond hour ar	y medical examines) (Month) (Dayl (Yead y that (1) (this hospite)) last saw the decease and from the causes stat	(Hour) 21E INJURY OCCURRED White At Not Work At \(\)) attended the deceased fram	While 21F. HOW DID INJUI Work 21F. HOW and that	70_to	11/28/19/20				
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OR CONTRIED DEATH (notified to the control of injury (APPROX.) 22. I certified that (I) (we ond hour or 23A. SIGNATI	y that (1) (this hospite) y that (1) (this hospite) y that fam the causes stature URE Has Bra	(Hour) 21E INJURY OCCURRED While At Not Work At Not at a data of the deceased from dalfve on data of the data of t	While 21F. HOW DID INJUI Work 21F. HOW DID INJUI Work 21F. HOW DID INJUI Work 21F. HOW DID INJUI While 21F. HOW DID INJUI	70_to	11/28/ ₁₉ 20 nian death accurred an the do				
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OR CONTRIED DEATH (not) 21D. TIME OF INJURY (APPROX.) 22. I certifithat (I) (wee ond hour ar	y medical examines) (Month) (Doyl (Yead y that (I) (this hospite)) last saw the decease and from the causes stat URE Has Base	(Hour) 21E INJURY OCCURRED While A! Not Not Work) attended the deceased fram d alive on ed abave. (I) (We) (did) (did not because the becaus	While 21F. HOW DID INJUI While 21F. HOW DID INJUI Work 21F. HOW DID INJUI Work 21F. HOW DID INJUI While 21F. HOW DID INJUI While 21F. HOW DID INJUI While 21F. HOW DID INJUI Attending 21F. How Did Injui Med. St. Phys. 22D. ADDRESS 4900 Belaire	To to	11/28/19 70 Islan death accurred on the do				
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OR CONTRIED DEATH (notify that (1) (we ond hour or 23A. SIGNATE NAME (24A. BURIAL CR REMOVAL	y medical examines (Month) (Dayl (Year y that (I) (this hospite)) last saw the decease and from the causes stat URE AN'S Type) Dr. Albe EMATION, 248. DATE (Specify)	(Hour) 21E INJURY OCCURRED While A! Not Work Not Work O attended the deceased fram d alive on ed abave. (I) (We) (did) (did not because Ext B. Bradley 24C.NAME of CEMETERY of	While 21F. HOW DID INJUINATION OF THE PROPERTY	to_to_ In(my) (corr) opfronger	11/28/19 70 Islan death accurred on the do				
OR CONTRIED DEATH (notified to the control of the c	y medical examines (Month) (Dayl (Yead y that (I) (this hospite)) last saw the decease and from the causes stat URE AN'S Type) Dr. Albe EMATION, 24R DATE (Specily) 12/1/7	(Hour) 21E. INJURY OCCURRED While A! Not Work Not Work O attended the deceased fram d alive on ed abave. (I) (We) (did) (did not because Ext B. Bradley 24C.NAME of CEMETERY of Holy Redeemed	While 21F. HOW DID INJUINATION OF THE PROPERTY OF THE PROPERTY STATES ADDRESS 4900 Belaire of CREMATORY 24D. LOCAL PROPERTY 24	in (my) (www) opfr	23B. DATE SIGNED 11/28/70 21to, Md. y, town, or countyl (Stote)				
OR CONTRIED DEATH (notified to the control of injury (APPROX.) 22. I certified that (I) (we ond hour or 23A. SIGNATE (NAME (1)) 24A. BURIAL CR REMOVAL	y medical examines (Month) (Dayl (Yead y that (I) (this hospite)) last saw the decease and from the causes stat URE AN'S Type) Dr. Albe EMATION, 24R DATE (Specily) 12/1/7	(Hour) 21E INJURY OCCURRED While A! Not Work Not Work O attended the deceased fram d alive on ed abave. (I) (We) (did) (did not because Ext B. Bradley 24C.NAME of CEMETERY of	While 21F. HOW DID INJUI While 21F. HOW DID INJUI Work 21F. HOW DID INJUI While 21F. HOW DID INJUI While 21F. HOW DID INJUI While 21F. HOW DID INJUI While 21F. HOW DID INJUI Attending 24 Med. 25F. Phys. 225D. ADDRESS GREET 4900 Belaire CREMATORY 24D. LOC ET Cem. Ba	In (my) (www) opforts. Road, Baraton (Circulation, Md.	11/28/19 20 nian death accurred an the do 238, DATE SIGNED 11/28/20 alto, Md. y, town, or county! (Stole) ADDRESS				
OR CONTRIED DEATH (notified to the control of the c	y medical examines (Month) (Dayl (Yead y that (I) (this hospite)) last saw the decease and from the causes stat URE AN'S Type) Dr. Albe EMATION, 24R DATE (Specily) 12/1/7	(Hour) 21E. INJURY OCCURRED While A! Not Work Not Work O attended the deceased fram d alive on ed abave. (I) (We) (did) (did not because Ext B. Bradley 24C.NAME of CEMETERY of Holy Redeemed	While 21F. HOW DID INJUI While 21F. HOW DID INJUI Work 21F. HOW DID INJUI While 21F. HOW DID INJUI While 21F. HOW DID INJUI While 21F. HOW DID INJUI While 21F. HOW DID INJUI Attending 24 Med. 25F. Phys. 225D. ADDRESS GREET 4900 Belaire CREMATORY 24D. LOC ET Cem. Ba	In (my) (www) opforts. Road, Baraton (Circulation, Md.	11/28/19 70 nian death accurred on the di 23B. DATE SIGNED 11/28/70 alto, Md. y, town, or countyl (Stote)				



6	3-400 70	116	37 BALTIMORE CITY				70 1	1000
	TH NO.		CERTIFICA	TE OF I	DEATH	REG. NO.	70	104/
	Pe or Printl VIOLA		M GIL	1		ND HOUR OF DEA		000
3.	PLACE IN BALTIMORE, MARYLAND			4. USUAL RE	SIDENCE (Wh	27, 1970	ll institution: re	esidence before ddmissi
				Maryl	a. C00	NTY		2 /
HC	LL NAME OF (IF NOT IN HOS SPITAL OR ADDRESS OR LI	CATION)	NSTITUTION, GIVE STREET	C. CITY OR TO		10.1	NSIDE CITY (1-06
1				Balti		J. 1	YES X	NO 🗆
F	2106 Woodbo	urne	Ave	E. STREET AN	ND NUMBER			.40 []
				2106	Woodbo	urne Ave.	•	
5. s		- 1	RRIED NEVER MARRIED	8. DATE OF B		9. AGE (In years	II Unde Months	r 1 Yr. II Under 24 I Doys Hours Min
			WED DIVORCED	9-28-		84		
don	. USUAL OCCUPATION (Give kind of a during most of working life, even if retire	q) KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (State or las	eign countryl	12. CITI	ZEN OF WHAT COUN
	nousewife			Balti	more,	Md.	TI.	SA
13.	FATHER'S NAME			14. MOTHER'S	MAIDEN NA	AME		
	Evans Taylor			Anne	Brans	bv		
15. Yes	Was Deceased Ever in U. S. Armed s, no or unknown) (II yes, give wor or	Forces?	1 6- SOCIAL	17. INFORMA		- J		ADDRESS
	No	ores of ser	vicel SECURITY NO.	2.5				
	18. 24 122 17		CAUSE OF DEAT	I Mr No	orman '	F Gill 16	29 Gl	ne de la la la la la la la la la la la la la
	DISEASE OR CONDITION	DIRECTLY		nan ari		1 1		BETWEEN ONSET AND DE
	LEADING TO DEAT	H	CANDAMEDIATE CAL	many are	ungsel	wens	-	years
	(This does not meon the made heart failure, asthenia, etc. It med	of dying,	e.g., OHETO OR AC	A CONSEQUEN	CE OF:	*********		-6
	injury or camplicalian which caus	ed deoth.)	Son	enels	C	tenoscler		14 4 4
	ANTECEDENT CAUS	ES	(8)	- vory	racir	wyselen	1202	years.
	DISEASES OR CONDITIONS,	f any, g	iving DUE TO, OR AS	A CONSEQUE	NCE OF:	P0 07000000		<i>L</i>
	rise to the above cause (A UNDERLYING CONDITION last.	A) stating	(c)					
			(\ /		***************************************			**********************
Z	OTHER SIGNIFICANT CONDITIONS				-		i	
ATI	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN I		NAL	***********		**********************		
띮	19A. DATE OF OPERATION 1198. C		FOR WHICH OPERATION	20A. AUTO	PSY? (Yes or N	O) 20B, IF YES, WEI	RE FINDINGS	CONSIDERED
ERTIFI)		Annual Control	1 N	10	III CERIFIING	CAUSES OF L	APMILI1
- 0	21 A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	Ш	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	n or obout 21 C. Inice bldg., INJU	WHERE DID RY OCCUR?	(il In Boltin	nore City, give	exocl lecotion)
V I	DEATH (notify medical examiner)		etc.)		_			
AEDI	21 D. TIME (Month) (Doy) (Ye OF INJURY	orl (Hour)	21E INJURY OCCURRED	21 F. 1	HOW DID IN	JURY OCCUR?		
<	(APPROXI		While At Not While Work At Work					
	22. I certify that (1) (this hospi	tal) attend		2000	~.	19 70 to	Man	70 10 74
	that (1) (we) last saw the deced			10 7	£			h accurred on the d
- I	and have and from the causes s		- Contraction of the Contraction				ipinian deat	n accurred on the d
	23A. SIGNATURE	10140 000/	A ((1) Yue) (e(d) (qiq not) A	lew the body	after death.		222 547	E SICNED
	Lo- 11	n	Atte	nding to	Med.	Stoff [7]	23B, DAT	ESIGNED
	23C. PHYSICIAN'S	1)	DEGREE Phys	. 4	Director L	Stoff Phys.	11/2	1/10
	NAME (Typel	ישטמו		23D. ADDRESS	11. 0.	1 2	- 1	6
			H. BECK				Balto:	, Md.
24A	BURIAL CREMATION, 24B, DATE REMOVAL (Specify)	24	IC. NAME of CEMETERY of CRE	MATORY	24D. L	OCATION	(City, town, or	countyl (Stotel
	Burial 12/1	/70	Parkwooda	1 0	Re	Itimore	Mazzel	and
25A	DE O 4 TOTAL	258 NA	ME OF REGISTRAR	25C FUNE	AL DIRECTO	ltimore,	mary I	and ADDRESS
	TELL BUT TOWN	The Co	armen and	Leona	ard J.	Ruck, In	icBa	lto
	150-REV. 1/1/68						Ja.	- UO - 74



8-120	70 :	11628		HEALTH DEPARTMEN		70 11628
BIRTH NO.			CERTIFICA	TE OF DEAT	H /	
(Type or Print)				2. DA1	E AND HOUR OF DEATH	
3 PLACE IN BALT	Virginia E. S MORE MARYLAND, W	Sczepuc	ha	1]	L-29-70	2:50 PM
3. PLACE IN BALL	MORE MARILAND, W	HERE PRONO	UNCED DEAD	A. STATE B. C	(Where deceased lived, If i	nstitution: tesidence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Maryland C. CITY OR TOWN	(Arbutus Balti	more County 53-06
/	St. Agnes	Hospita	al	Baltimore	, , , ,	YES NO
160	Caton & Wil			E. STREET AND NUMB	ER	
70	-Baltimore.	Maryla		1022 Circle	Drive	
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Female	Caucasian	WIDOWED		7-13-18	lost birthdayl	Menths Doys Hours Min.
OA. USUAL OCCU	PATION (Give kind of work	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of	foreign country)	12. CITIZEN OF WHAT COUNTRY
one during most of w	orking life, even it retired)			•		The state of the s
iousewife				Maryland		USA
STATILER 3 MAN				14. MOTHER'S MAIDEN	NAME	
George	Albrecht			Viola		
5 Was Dassard	ver in U. S. Armed Ford If yes, give wor or dote:	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	yes, give were or done.	or services	SECURITY NO.	047	C	
18. // 3 /			219-07-5719 CAUSE OF DEATH	Stanley F.	Sczepucna	APPROXIMATE INTERVAL
CThis does no heart failure, a injury or comp DISEASES OR inse to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	OR CONDITION DIR EADING TO DEATH I meen the mode of sthenic, etc. It means lication which caused NTECEDENT CAUSES CONDITIONS, it of above cause (A) CONDITION last, ANT CONDITION S CON BUT NOT RELATED TO TH NOTION GIVEN IN PART OPERATION 178, CONE WAS PERF	dying, e.g., the disease, deoth.) any, giving stoling the disease	(B)	CONSEQUENCE OF:	or No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTE	WAS UNDERLYING DING CAUSE OF	218, homete.)	PLACE OF INJURY (e.g., in e., farm, fectory, street, off	or obout 21 C. WHERE DI	D (if In Boittmor	re City, give exect location)
21 D. TIME (OF INJURY (APPROX.)	Menth) [Doy) (Yeor)		INJURY OCCURRED le At Not While At Work	21F. HOW DID	INJURY OCCUR?	
that (1) (we) 10	nat (1) (this hospital) ast saw the deceased	alive an	November 29			rember 29 19 70.
23A, SIGNATURE	ram the causes state	d abave. (1)) (We) (did) (did not) vi	ew the bady after dea	ith.	
23A/SIGNATURE	ans -				Collegation	23B, DATE SIGNED
Jullo	(1) Overly	bala	MD DEGREE Phys.	ding Med. Director	Staff N	11/29/70
Paulo	Westphalen M)		D. ADDRESS	72	,,,,,,,
4A. BURIAL CREM.	~		OEGREE	AATORY 241	D. LOCATION (Ci	ly, town, or county! (Slote)
Burial	12/2/70		don Park Cemet	ery o A II	Baltimore, Mar	yland .
SA. DATE REC'D B		SE NAME O		25C. FUNERAL DIREC	TOR	ADDRESS
'S 150-REV. 1/1/68		Jaba	. KL	Witake 1630	O Edmondson Av	r.,Balto.,Md.21228

24C. NAME of CEMETERY or CREMATORY

ASSOCIATE MEDICAL EXAMINERS XX

25C. FUNERAL DIRECTOR

24D. LOCATION

11/30/70

(Sfate)

City, lown, or county)

ADDRESS

EXAMINER'S

NAME (Type)

24A. BURIAL CREMATION,

254. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

VS 151-REV. 1/1/68

Peter Lipkovic, M.D.

258. NAME OF REGISTRAR

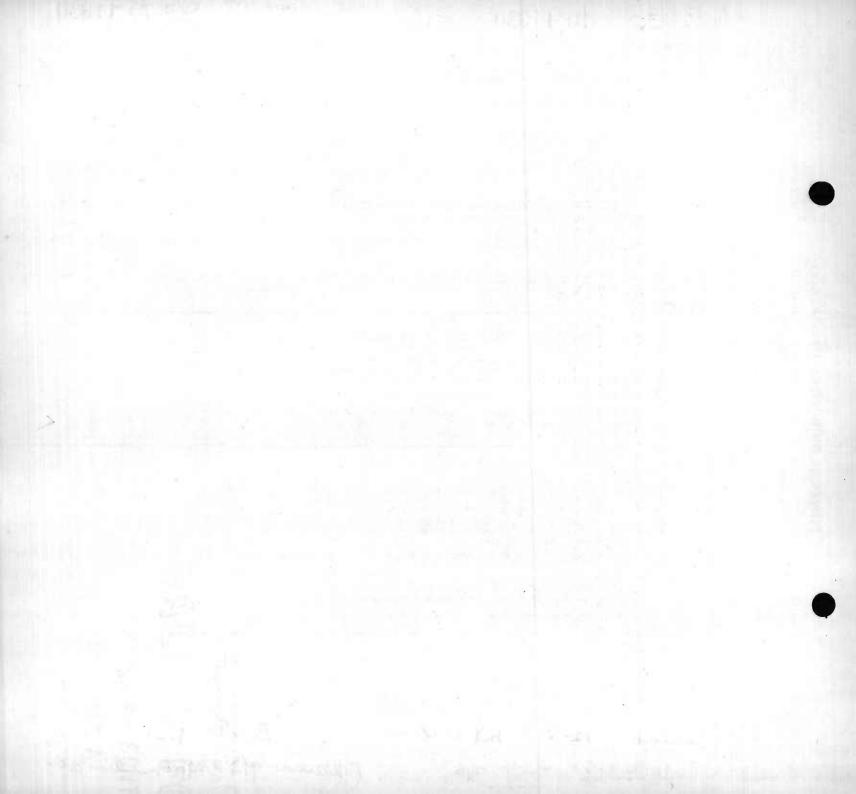
24B. DATE

3

68014 17 . . . IMPORTANT

DIRECTOR:

FUNERAL

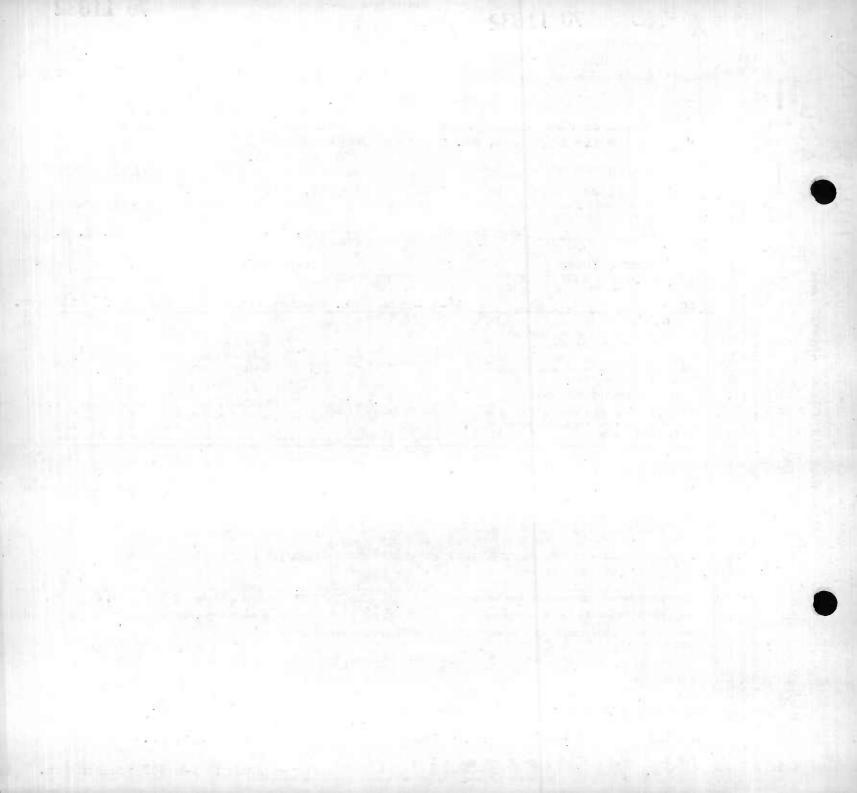


11	n			BALTIMORE CIT	Y HEALTH DEPARTMENT		MO 44004	
97	-152	70 1	1631	CERTIFICA	TE OF DEATH	REG. NO	70 11631	
BIRTH 1	E OF DECEAS			<u> </u>				
(Type o	Print					ND HOUR OF DEATH		
	RO	BINSON, Jos	seph Edv	ard	Nov	ember 28, 1	.970. 9:00Am	
3. PLA	CE IN BALTIMO	DRE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived If	Institution: residence before admission)	
	AME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET		altimore	16-03	
HOSPIT	LTI CO L I				C. CITY OR TOWN		SIDE CITY LIMITS?	
	ve.	terans Admi	inistrat	cion Hospital		D. 114		
	39	00 Loch Ray	ven Boul	.evard	Baltimore E. STREET AND NUMBER		YES NO	
2	S Ba	ltimore, Ma	arvland	21218	641 Fulton A	370		
. SEX	6. R	ACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.	
Mal		egroid	WIDOWED	X DIVORCED	2-8-01	last birthdoyl 69	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
OA. USL	JAL OCCUPAT	ION (Give kind of work	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?	
lone dur	ing most of worki	ng life, even if retired)			Maryland			
2 5 4 74	TER'S NAME						U. S. A.	
					14. MOTHER'S MAIDEN NA	ME		
	ven Rob				Ida Rhodes			
5. Was Yes, no c	Deceased Ever	in U. S. Armed Forces, give wor or dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT Record	ds V. A. Ho	spital ADDRESS	
Yes	1	0-8-42 to 2		215-01-9017	3900 Loch Rave	n Blvd. Ba	ltimore, Md.21218	
18.	1 5 0	V 42 00 2	4)	CAUSE OF DEAT	T.		APPROXIMATE INTERVAL	
	DISEASE	R CONDITION DI	DECTI V				BETWEEN ONSET AND DEATH	
	LEA	DING TO DEATH	NEC ILI		A animation			
(Thi	s does not m	seen the mode of	dying, e.g.,	(A) IMMEDIATE CAL	ISE Aspiration A CONSEQUENCE OF:	pneumonia	***************************************	
hea	rt foilure, asth	enia, elc. il means lion which caused	the disease.	DUE 10, OR AS	A CONSEQUENCE OF:			
	ANTECEDENT CAUSES (B) Tracheo-esophageal fistula. DISEASES OR CONDITIONS, II ony, giving DUE TO, OR AS A CONSEQUENCE OF:							
DIS	EASES OR C	ONDITIONS, II	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
IN	DERLYING CO	NDITION last	staling the	(a) Esopha	geal carcinoma			
		10		(c) <u>Boopite</u>	Sour carcinolia			
2 0711	EDCICALISIO	II	LITRIDITE LA					
= 110	THE DEATH RU	T CONDITIONS COL T NOT RELATED TO TH	HE TERMINIAL					
5 DISE	ASE OR COND	RATION 198, CON	T 1 (A).	Vulcu opravalen	1204 . 1190 19	N 000	*********************	
19A. 21A.	DATE OF OFE	WAS PERF	ORMED	VHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED	
21A.	ACCIDENT W	AS IINDERIVING	1 218	Di AGE OF Indiana	No			
OR	CONTRIBUTING	AS UNDERLYING	hom	e, form, foctory, street, of	n or obout 21 C. WHERE DID	(II In Boltimo	re City, give exoct location)	
	TH (notify medi		etc.)					
21D. OF 1	TIME (Mo	nth) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
(APP	ROX.)		Whi	le At Not While	П			
22.	Legetle that	ID (able beented)		e deceased from S	1 -1 - 00	500 37		
						19 70 to Nove		
				November 28.	19 <u>70</u> and th	at in (mỹ) (aur) api	Inlan death accurred on the date	
		n the causes stat	ed above. A	A (190 Pip) (PIP) (OM)	lew the bady after death.			
23A.	SIGNATURE	/ ,-		14 . 1 . 1			23B, DATE SIGNED	
1	ila	mec/1	- rax	AHE Phys	nding Med.	Staff Phys.	11/30/70	
				DEGNEE			111/30/10	
23C.	PHYSICIANS				V · IL ·	Hospital		
23 C.	PHYSICIAN'S NAME (Type)			1.			3.6	
		ON 1248	15				timore, Md. 21218	
	PHYSICIAN'S NAME (Type) RIAL CREMATIONAL (Specification)	ON, 248. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24D. L		timore, Md. 21218	
		ON, 24B. DATE	24C.NA	ME of CEMETERY OF CRE	MATORY 24D. L	OCATION (C		
		ON, 248. DATE	24C. NA 27 /2 25B. NAME O	ME of CEMETERY OF CRE H AUDUI	MATORY 24D. L	GALTO	ity, town, or county) (Stotel	
		ON, 248, DATE /2/2/2 REALTH DEPT	o a	ME of CEMETERY OF CRE H AUDUI	MATORY 24D. L	GALTU		



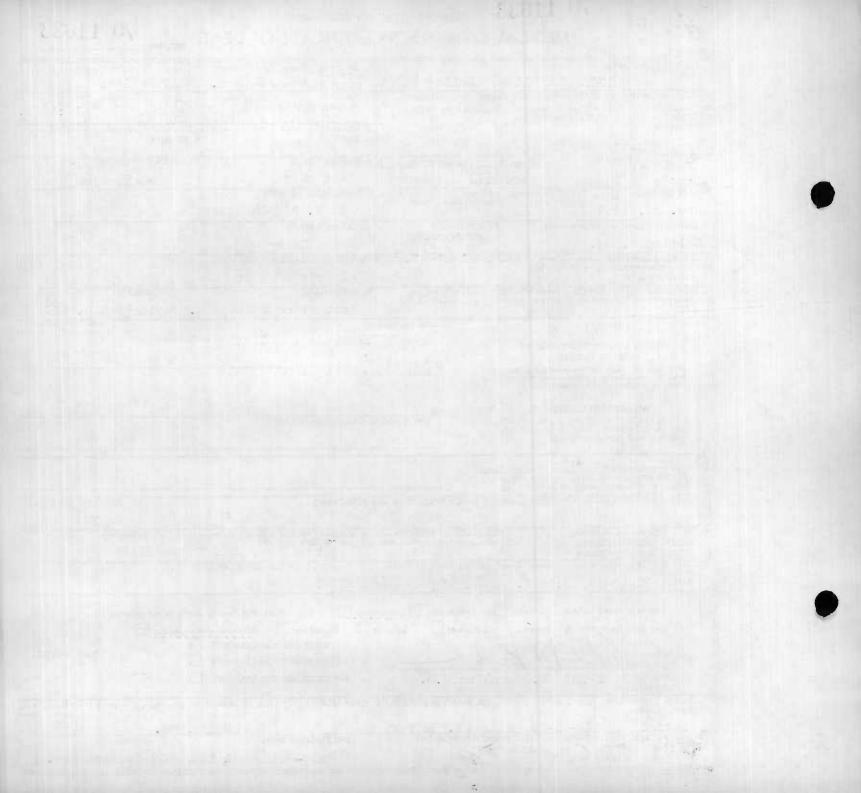
VS 150-REV. 1/1/6B

	1 - 1	\ ~	0	BALTIMORE CITY	HEALTH DEPARTMENT		70 11632
y	-300) 7	0 1163	CERTIFICA	TE OF DEATH	REG. NO	70 3010400
BIRT	H NO.			CERTIFICA			
	ME OF DEC		- L W-L		2. DATE	AND HOUR OF DEATH	O PA
		Erne	st Yates			11/28/	>0 7- M.
3. PI	LACE IN BAL	TIMORE, MARY	LAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (WI A. STATE B. COL		nstitution: residence before admission)
FUL	L NAME OF	UE NOT IN	HOSPITAL OR IN	STITUTION, GIVE STREET	Md.		14-03
HOS	PITAL OR	ADDRESS	OR LOCATION	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
House of Pine Nursing Home					Baltimore		YES NO
(10 B	elvedere	Baltimore	Md.	E. STREET AND NUMBER		
1					505 Bloom St	•	
5. SE	X	6. RACE	7- MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	Male	Black	WIDOV	= separated=	May 17, 1910	lost birthdoy) 56	Months Doys Hours Min,
10A.	1			OF BUSINESS OR INDUSTRY		reign country)	12. CITIZEN OF WHAT COUNTRY?
done	during most of	working life, even					
	Caddie		Cour	try Club	Waverly, Va.		U. S. A.
13. F	ATHER'S NA	WE			14. MOTHER'S MAIDEN N	AME	
	Ge	orge Yat	es		Mary Rei	ld	
15. W	os Deceased	Ever in U. S. A	rmed Forces? or or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			218-14-5574	Mr. Sparkey 1	ates 25	501 Druid Hill Ave.
	IB. / /	2.2		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
-	DISEA	SE OR CONDIT	TION DIRECTLY				BETWEEN ONSET AND DEATH
		LEADING TO	DEATH	(A) IMMEDIATE CAU	SE acute	71 D	1 de
			mode of dying,		A CONSEQUENCE OF: (0-	release	1-226
			It means the dise a caused death.)	ose,			
		ANTECEDENT	CAUSES	Odo	la 000. 11	eglis set	Clas.
			NS, if ony, given	(B) DUE TO OR AS	A CONSEQUENCE OF:		OLD STA
			se (A) stating	11.9	The Course of	au reares	20, 0
	UNDERLYIN	G CONDITION	last.	(c)	•••••		
		II.					
			ONS CONTRIBUTII				
AT		ONDITION GIVE	ATED TO THE TERMINEN IN PART + (A).	IAL			
ERTIFIC	9A. DATE OF		19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
ERTI	0		(VA) VERI ORIVIED		no		
0	A A C CIDE	NT WAS UNDE	RLYING _	21 B. PLACE OF INJURY (e.g., in home, form, foctory, stree), of	fice bldg. INJURY OCCUR?	(If in Boltimo	re City, give exoct locotion)
		medical exomin		etc.)			
	21 D. TIME	(Month) (Doy	Yeor) (Hour)	21E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
5	OF INJURY			While At Not While	e 🗂		
	(AFFROA)			Work At Work			
1	22. I certify	that (1) (this.	hospitol) attend	ed the deceased from	10-1-0	19 70 to	11/28/70 19
1	that (I) (we)	lost sow the	deceased alive	on 11/2/	7 19 20 ond	that in (my) (our) op	Inion death occurred on the date
	and hour on	d from the cou	ises stated abov	e. (1) (We) (did) (did not) v	iew the body ofter death		
	3A. SIGNATI	-0					23B, DATE SIGNED
		Chon	1. 1.	TO COM THE AHO	nding Med.	Staff	12/1/22
		Tex	ww you	OUGH, SEGREE Phys		Phys. —	11/10
ľ	NAME (23 D. ADDRESS		
		Lester	N. Kolmar	DEGREE	6821 Rei	sterstown Ro	i.
24A.	BURIAL CRE	MATION, 24B.	DATE 24	C. NAME of CEMETERY of CRE	MATORY 24D.	LOCATION	City, town, or county) (State)
	REMOVAL	(Specity) 24B.	DATE 24	C. NAME of CEMETERY of CRE	MATORY 24D.		
	Burial	(Specity) 24B.	2-2-70 24	Mt. Calvary Me OF REGISTRAR	24D.	Baltimore, 1	



VS 151-REV. 1/1/68

H-620 MEDICAL EYAMINED'S	mo 44000
MEDICAL EXAMINERS	CERTIFICATE OF DEATH REG, NO. 70 1163.3
BIRTH NO. 1. NAME OF DECEASED	
(Type or Print) LEIA HARRIS (Lelia)	OF Estimated [7] Nov. 27 1070
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD November 27, 1970 10:15 P.
OK INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. # Institution: residence before admission) A. STATE B. COUNTY
MARYLAND GENERAL HOSPITAL	Maryland //-0/
6. SEX 7. RACE 6. MARRIED NEVER MARRIED SEPARA E WIDOWED DIVORCED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
9. DATE OF BIRTH Nov. 23, 1937 10. AGE (In years # Under 1 Yr. If Under 24 Hrs. Months, Days Hours Min.	
	549 W. Biddle Street
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
baltimore, Md.	James Carey
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if relired) HOUSEWIFE	
	Alverta Royster
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
No	Mrs. Alice & James H. Taylor 549 W. Biddle
19. CAUSE OF DEA	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Broncho	pneumonia complicating Burns
LEADING TO DEATH (A)IMMEDIATE (CAUSE
neuri tollure, osmenio, etc. il meons me disegse,	AS A CONSEQUENCE OF:
Injury or complication which coused deoth.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
I UNDERLYING CONDITION LAST	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
100	yes
22A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIB. LINE CAUSE OF DEATH. HOUSE LINE CAUSE OF DEATH. HOUSE LINE CAUSE OF DEATH. LINE CAUSE OF DEATH. HOUSE LINE CAUSE OF DEATH. LINE C	tn or about 22C, WHERE DID (If in Boltimore City, give exact location) a bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. House	3rd floor, 2225 Eutaw Place
	22F, HOW DID INJURY OCCUR?
(APPROX.) 10-10-70 9:10 P. M. WORK NOT AT W	WHILE ?
23.	
I certify that I held an Inquiry Inspection Au	topsy 🖾 and that on this basis, death in my opinion
resulted from: Matural couses Accident Suicid	le Homicide Undetermined manner
ACTUAL X / 0 DV / 1	CHIEF MEDICAL EXAMINER
SIGNATURE MICH MEM M.D	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 11/28/70
NAME (Type)	CONTRATORY
24A. BURIAL CREMATION, PARENCE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stole)
Burial 12-2-70 Mt. Calvary	Baltimore, Md.
25A DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
YEUI THE REAL REAL CO.	Mary-Flizabeth Law 802 Madison Ave.



FUNERAL DIRECTOR: IMPORTANT

1 K-200) 70 11634 BALTIMORE C	CITY HEALTH DEPARTMENT	70 11634
	CATE OF DEATH REG. NO	10 11034
I. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEAT	Н
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	LEX) 11/25/70	1 6:00 A
TENDE IN PALIMORE MARILAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if A. STATE B. COUNTY	institution: residence before admissio
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D.	ISIDE CITY LIMITS?
UNIVERSITY OF MD. 140501111.	BALTIMORE.	YES NO NO
.39	2025 MCCULLOUGH	57.
S. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 19. AGE (In years	
WALL DEGIC WIDOWED DIVORCED	7/26/03 lost birthdow	If Under 1 Ye. If Under 24 Hr. Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTE
RETIRED	VIRGINILL	USCA-
3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
PHILLIP KICH	PINKE YEREN	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) Uf yes, give wor or doles of service) SECURITY NO.	17. INFORMANT	ADDRESS
220-18-9880	Framily.	
18. LL 37. /1 CAUSE OF DE		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	N 2 (BETWEEN ONSET AND DEAT
LEADING TO DEATH	AUSE Infarction Middrain	Pas Glana.
I LINES GOES NOT MEAN THE MARE OF AVINA. A.A.	AS A CONSEQUENCE OF:	1000
heart failure, osthenio, etc. Il means the disease, injury or camplication which caused death.)		22 - 17
	On M to Mtte cold in	Montes
DISEASES OR CONDITIONS, if any, giving DUE TO, OR	lar Antery Atherosclerosis	
rise fo the above cause (A) stating the	AS A CONSEQUENCE OF:	V
UNDERLYING CONDITION lost. (C)	eralyse Aller sclerosis.	glara
	4	4
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	
119A-DATE OF OPERATION 119R. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED
11/17/10 Lilember Beretine -	De yes IN CERTIFFING C.	AUSES OF DEATH? yes .
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	office bldg, INJURY OCCUR?	ore City, give exact location)
DEATH (notify medical examines)	ource ping" INJOKI OCCOK!	
21D. TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
While As -		
Work At Wo		
22. I certify that (I) (this hospital) attended the deceased from	16 Nov 10 19 20 to 2	5 NOV 19 70
that (1) (we) last saw the deceased alive on 25 Nou	1970and that fn(my) (our) op	Inlon death occurred on the dat
and hour and from the couses stated above. (1) (We) (did)(did not)	View the hody often death	
23A. SIGNATURE	, trow the body diet dedils	23B, DATE SIGNED
James A Com O O non A	Attending Med. Staff Phys. Director Phys.	
23G. PHYSICIAN'S		25 Nov 1970
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
JAMES A. QUINCHIN, JR. DEGRI	LAIV, OF MD. HOSPITHE	(to
AA. BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY OF C		City, town, or county) (Stote)
Burial 11-28-70 Arbutus Memoria	l Pakk Baltimore, Ma	ryland
5A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS
DEC 1 1970 Pole & Jake 22	Mary-Elizabeth Law 802	Madison Ave.
\$ 150-REV. 1/1/68		

was 1

11 35/2

C. E.

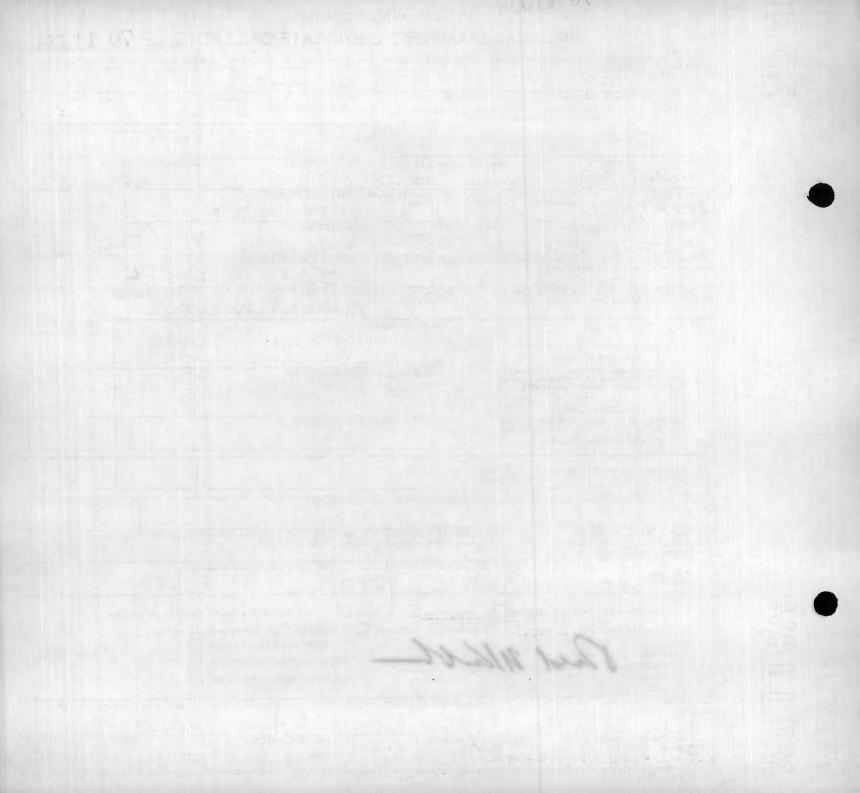
PHILLIP RICH

PINKEY ?

1-525 10 116	335 BALTIMORE CITY	HEALTH DEPARTMENT		70 4400
BIRTH NO.		TE OF DEATH	REG. NO	70 11635
1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	50
(Type or Print) TO HINSON. WA.	LTER E	Nov. 3	0 1970	6 30
3. PLACE IN BALTIMORE MARYLAND, WHERE PRO	NOUNCED DEAD		deceased lived. It instit	tution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	STITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	D. INSIDE	20-01 CITY LIMITS?
7./		BALTIMORE	Y	ES NO
4BON SECOURS	HOSPITAL	1821 W. FAIR	MOUNT St.	2/223
MALE NEGRO WIDOW		TAN 1 1892 los	AGE (In years st birthdoy)	If Under 1 %. If Under 24 Hr Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTS
	EVEDORE	MARYLAND		11. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		10 20 //
CHARLES JOHNSON		BAILEY		
15. Was Deceosed Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give war or dotes of servic	1 6. SOCIAL e) SECURITY NO.	17. INFORMANT		ADDRESS
	215-10-9550	HOSPITAL C.	HART.	
18. 4/12 + 1	CAUSE OF DEATH	1		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEA
LEADING TO DEATH (This does not mean the mode of dying, e	(A) IMMEDIATE CAU	ISE CARDIO RESPIRA	NODEY ARRE	SV.
hearl lailure, asthenia, etc. It means the disea	Se, DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
injury or camplication which caused death.)	0.2~2	0.000		
ANTECEDENT CAUSES	(B) 41CY 2 C/C	A CONSEQUENCE OF:	VAIC. DESEAS	SE
DISEASES OR CONDITIONS, if any, givinise to the above cause (A) stating (ha		501111	
UNDERLYING CONDITION lost.	(c)	GESTIVE HEART	+A/LUICE	******
Z OTUSE SIGNISIS AND CONTRIBUTIONS CONTRIBUTION		1, 6	-	ALCOHOLD TO
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	70	enile demantia.		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	OB. IF YES, WERE FIN	DINGS CONSIDERED
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1			N CERTIFYING CAUSE	ES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., In nome, form, foctory, street, of steal	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If In Boltimore C	lity, give exoci location)
- IDE IN IIIDA	TE INJURY OCCURRED	21 F. HOW DID INJUR	Y OCCUR?	
< (APPROVI	While At Work Work Not While At Work			
22. I certify that (1) (this haspital) attended	d the deceased from ^	10V 26 19	20_ta	NOV 30 19 70
that (1) (we) last saw the deceased alive a	. 10.1 2-			n death accurred an the da
and have and from the causes stated above		lew the bady after death		
23A. SIGNATURE		, , , , , , , , , , , , , , , , , , , ,	23	B DATE SIGNED
Manuel Saldo.	J 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nding Med. Sta	off 🖂 🗸	VOV 30, 1970
23C. PHYSICIAN'S NAME (Type) Manuel Gala	DEGREE	Bon S		
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CRE			town, or county) (Stole)
BYLLIL 12-3-M	Wellen O	net //	lut.	Co 1-
25A, DATE REC'D BY HEALTH DEPT. 25B, NAM	E QF REGISTRAR	25C. FUNERAL DIRECTOR	num	ADDRESS
DEC 1 1970 Case & Jak	E OF REGISTRAR	(6.1	11.180-1	Bla Then
VS 150-REV. 1/1/68		Exrony (1)	- 1 Carp 10	00/0/11



H.		6n K		- Mar	8	ALTIMORE CITY HI							
6	0-40	20	MED	ICAL	EX.	AMINER'S	CERTIFI	CATE OF	DEAT	H DEC NO	70	1163	38
	RTH NO.									REG. 190.			
	Pe or Print)			ACE			2. DATE OF	Known 🔲	Month	Day	Year	Hour	
1			N WALI				DEATH	Estimoted					M.
	PLACE IN BAL						3. DATE		Month	Day	Yeor	Haur	
HC	LL NAME OF SPITAL INSTITUTION	(IF NOT ADDRES	IN HOSPITA	LORINS TION)	TITUTION	N, GIVE STREET	1	UNCED DEAD		ber 28,		10:1	M
6	2	42 3 McC	ulloh	Stre	et		A. STATE	ESIDENCE (Wher Maryland		B. COUNTY	n: residence	Before admi	issian)
6.	SEX	7. RACE	-	8. MARE	RIED 🛛	NEVER MARRIED	C. CITY OF			D. INSIDE C	ITY LIMITS?		
L	Female	Negr		WIDOY	VED 🗌	DIVORCED [Ba1	timore		Y	ES X	NO 🗆	
9.	DATE OF BIRT		i 0. AGE (In last birthdo		If Unde	of 1 Yr. If Under 24 Hrs. Days , Haurs , Min.	E. STREET	AND NUMBER					
1	XT+3,			51		I I I I I I I I I I I I I I I I I I I	2423	MuCulloh	Street				
11.	BIRTHPLACE (S	tale ar foreign	country)			IZEN OF	13. FATHER	'S NAME			1		
1	my Han		mol		W	LAT COUNTRY?	CL	IARLE	S 1	7, (OLE	5	
I 4A	USUAL OCCU	PATION (Give	kind of work	4B. KINE	OF BU	SINESS OR INDUSTR	Y 15. MOTHE			,			
don	e during most of §	orking life, eve	n if refired)				-	LDA		PORF	HL		
16.	WAS DECEAS			FORCES	? 1	7. SOCIAL	18. INFOR			A	DDRESS .	- /	
(10	s, no or unknown	(It yes, give we	er ar gates	at service	,	SECURITY NO.	THON	MAS E.	WALL	LACE.	-	2/0	
	19. /// /	0	-			CAUSE OF DEA		11,1	-0110	-,		PPROXIMATE I	NTERVAL
	4/2	., 2						cardiovas	cular	diensen	BETY	WEEN ONSET	AND DEATH
		E OR CONDIT LEADING TO		STLY		пурсто	CHDIVC	cararovas	cular	arsease			
				ing, e.g.,		(A)IMMEDIATE	AS A CONSEQ	HENCE OF					
	heart follure, injury or con	oi meon the m , osthenia, étc. l aplication which	means the	disease,		50L 10, 0K	NO A CONSEQ	OENCE OF					
	DISEASES	NTECEDENT C	AUSES			(8)	45 1 601165						
	RISE TO THE	R CONDITIO	SE (A) STAT	ING THE		DOE 10, OK	AS A CONSE	JUENCE OF					
Z	UNDERLYIN	IG CONDITIC	N LAST.			(c)							
CERTIFICATION		1											·
S	TO THE DEA	IFICANT CONE	ELATED TO	THE TERM	INAL								
臣	DISEASE OR	CONDITION	HVEN IN PA	RT T (A)									
E	20A. DATE OF	OPERATION	208. CON	IDMON	FOR WI	HICH OPERATION W	AS PERFORM	ED			21. AUTC	PSY7 (Yes	or No)
1	0										n	0	
EDICA	22A. EXTERI UNDERLYING	NAL CAUSE W			228. PLA	CE OF INJURY (e.g., orm, lactory, street, office	In or about 2	2C. WHERE DID	(if in Boltima:	e City, give exc	ct location)		
9	UTING CA	USE OF DEAT						VIII - S - S - S - S - S - S - S - S - S					
Σ	OF INJURY	Month) (Do	y) (Year	(Hau		INJURY OCCURRED		2F. HOWDID IN	JURY OCCU	JR?			
	(APPROX.)				m. WHI		WHILE ORK						
	23.												
	1 certi	Ify that I hel	ld an In	quiry L	<u> </u>	nspection X Au	top sy	and that on the	his basis,	death In my	opinion		
	result	ed fram: Na	tural caus	ses X	Acc	Ident Suicid	le 🗌 Ho	micide 🔲 🗆	Undetermin	ed manner			
н)		11	111		HIEF MEDICAL E	XAMINER			- 0	
	ACTUAL SIGNATU	IDE 1 LA	ulal	11	1 la	NO ME	ASSI	STANT MEDICAL E	XAMINER	X		DATE SIG	NED
	EXAMINI		nald N	I. Ko	rnb1	um, M.D.		CIATE MEDICAL E	YAMINED	П	11/29	/70	
	NAME (T	ype)					,						
24/ REI	A. BURIAL CREA	MATION, 24	B. DATE		24C.	NAME of CEMETERY	or CREMATO	RY/ 24D.	LOCATION	(City, town	, or county) (Sta	ite) /7
1	BURNINA	1	9-3-	-011	1	nother has	1 (per	1	1001	N. 7	5	m	1
25/	A. DATE REC'D	BY HEALTH DI	EPT.	258. N	AMÉ OI	F REGISTRAR	25C F	WNERAL DIRECTO	28	oung	DDRESS	114	_
I	DECT	10977	B. G. C	San R	2	69	1 06	A 1/ 90		7	DUREGO	11	
	151.REV 1/1/A8	WEN CH	Actor of	Access	C. C.	E ST	110	ONILLA	0-10	11/2/	aux	4/K	
V												_	



IMPORTANT

DIRECTOR:

FUNERAL

by

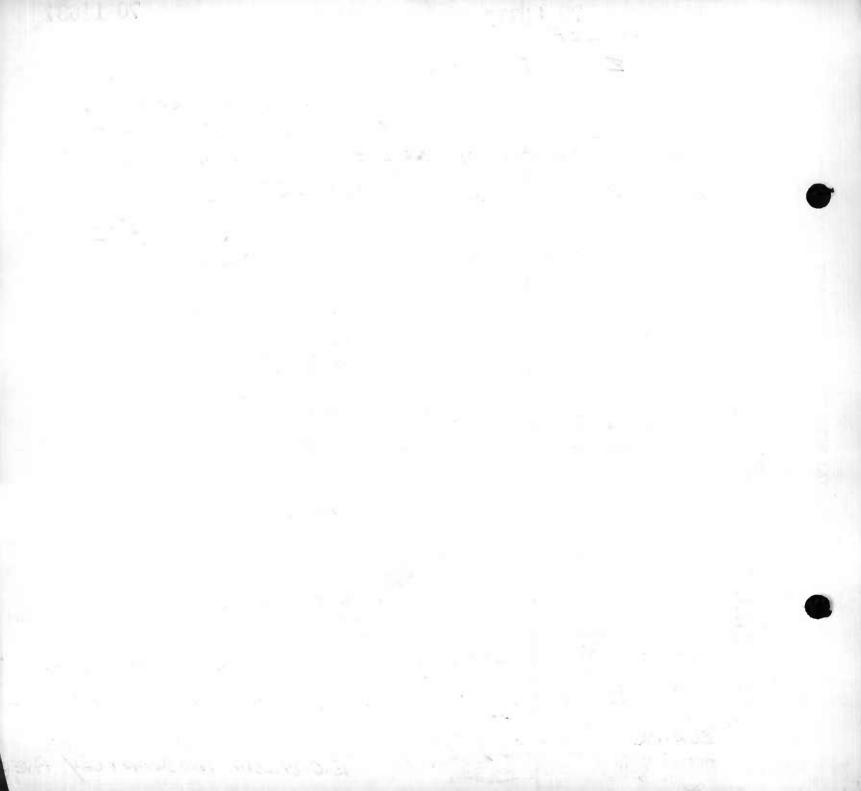
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NO

ADDRESS

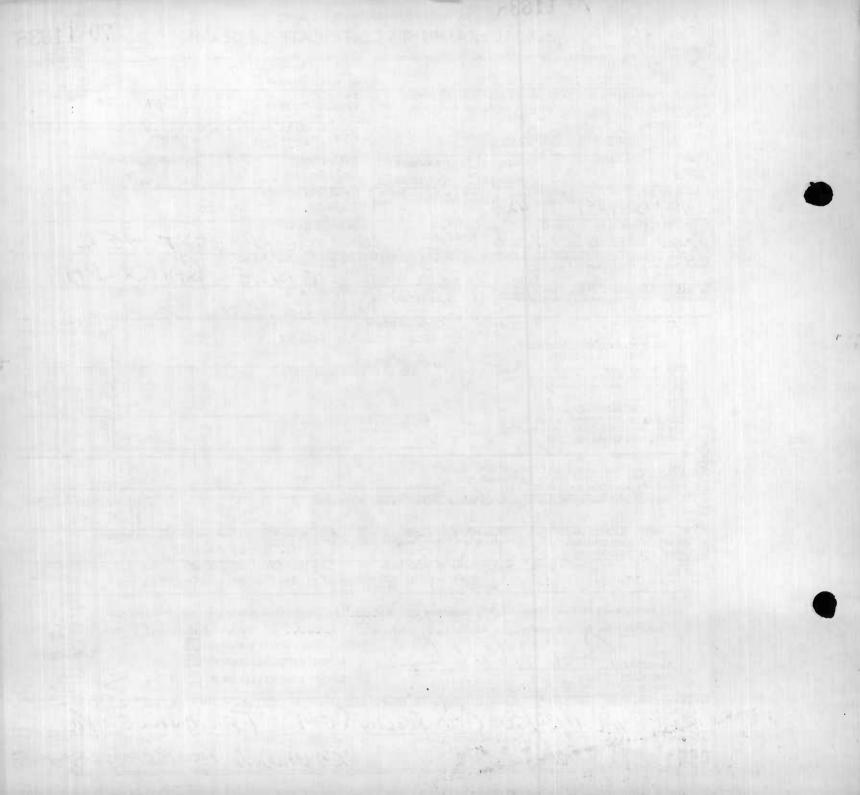
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(State)

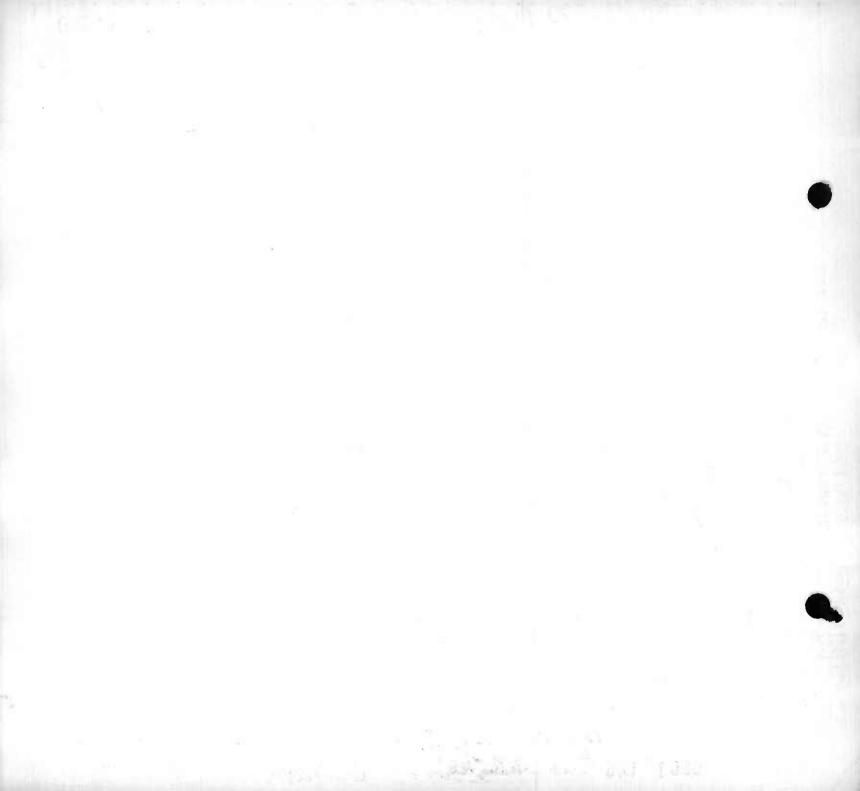


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		The same of the sa	

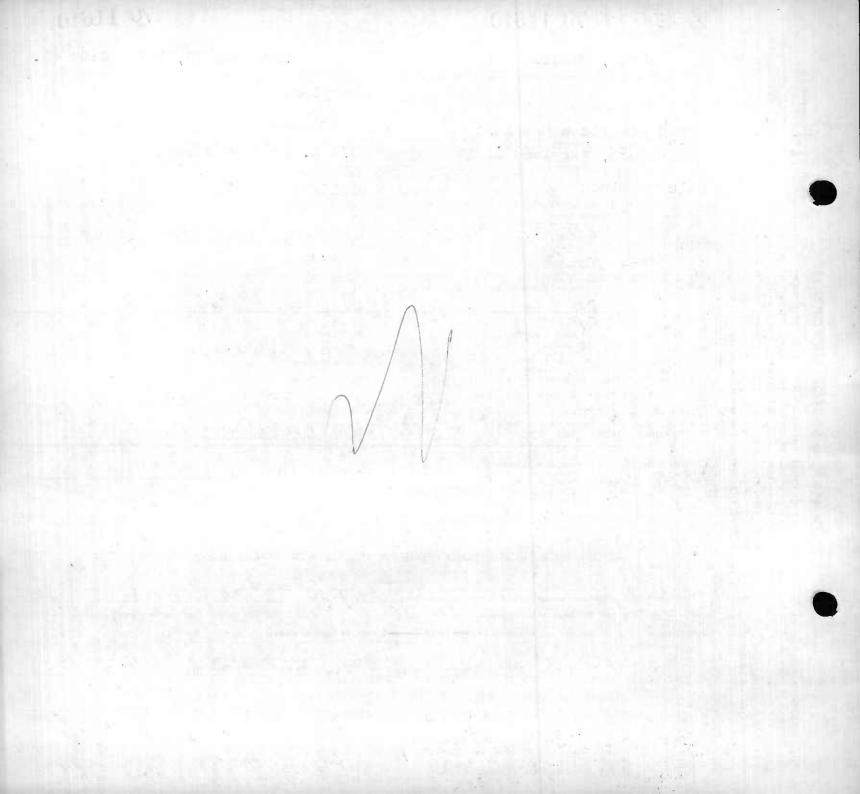
H-326 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 11638
BIRTH NO.	
I. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Year Hour
BENJAMIN HATCHER	DEATH Estimoted LJ M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVESTREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD November 27, 1970 6:00 P.
PROVIDENT HOSPITAL	S. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro widowed □ DIVORCED □	Baltimore YES 🛱 NO 🗆
9. DATE OF BIRTH MAY 15, 1938 10. AGE (In years Months Doys Hours Min.	E. STREET AND NUMBER 1334 W. North Avenue
11. BIRTHPLACE(State or foreign country) PENCE DWARD (0) WHAT COUNTRY?	13. FATHER'S NAME REAL HOUCETER
14A-USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	JENNIE KANDOLPH
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 17. SOCIAL SECURITY NO.	Manue Hatcher 9-74/20 Auguston A
19. E O/ VI CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Stab wo	ound of chest
LEADING TO DEATH	MINE
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which coused death.)	S A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
0	yes
22A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIB- UTING CAUSE OF DEATH. 22B.PLACE OF INJURY(e.g., home, form, foctory, street, office Home	in or obout 22C. WHERE DID (If in Baltimore City, give exact location) bldg. etc.) INTURY OCCUR? 1.334 W. North Avenue
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	WHILE ST Stabbed during altercation
23. I certify that I held an Inquiry Inspection Aut	opsy 🗵 and that on this basis, death in my opinion
resulted from: Natural causes Accident Suicid	
ACTUAL X held 11/1/11	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE W M.D.	ACCOCIATE MEDICAL EVALUATED
NAME (Type) Ronald N. Kornblum, M.D.	11/28/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF REMOVAL (Specify) ODD FELLO	Company
254. DATE REC'D BY HEALTH DEPA. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 1 1970 (XoBend En Jan 20)	KOWILSON 1000 BRANTLES HUE
N 8/3,	



BI	11/-600	Y HEALTH DEPARTMENT REG. NO. 70 11639
1. (T ₁	NAME OF DECEASED //PO OF Print MELINDA MOORE	2. DATE AND HOUR OF DEATH 11 25 70 6:45 A
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fived, Il institution; residence before admission A, STATE B, COUNTY
H	JLL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	UNIV OF MD HOSPITAL	E. STREET AND NUMBER 826 EDMONOSON AVE. 21201
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	R DATE OF RISTH
10	TEMACE NEG W WIDOWED DIVORCED ALUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	9 6 89 last birthdayl Manths Days Hours Min.
- (1	ne during most of working life, even if retired)	11. BIRTHPLACE (State at loreign country) 12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1 30	Was Deceased Ever in U. S. Armad Farces? s,na ar unknown) (II yes, give war ar dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	18.436.91 CAUSE OF DEATH	H MASSIVE PULMONARY EMBON BETWEEN ONSET AND DEAT
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	This does not mean the made of dying, e.g., (A) IMMEDIATE CAU	ISE MAN S WOULL A CONSEQUENCE OF:
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	A CONSEQUENCE OF:
	ANTECEDENT CAUSES	E CONCETTUE NEORTHURE 72 la
	(8)	A CONSEQUENCE OF:
	Trise to the above cause (A) stating the	ARTERUO SCLE ROSIS
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Q CVA 72 hour
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., ir hame, form, factory, street, of DEATH (notify medical examiner)	n ar about 21C. WHERE DID (If In Baltimare City, give exect location) livium OCCUR?
MEDI	21D.TIME (Manth) (Dayl (Year) (Haud 21E INJURY OCCURRED OF INJURY (APPROX.) While At Nat While At Nat Wark At Wark	
	22. 1 certify that (1) (this hospital) attended the deceased from.	11 22 70 19 10 11 21 19 70
1	that (1) (we) last saw the deceased alive on	19and that in (my) (aur) opinion death occurred on the dat
	and have and from the causes stated above. (1) (We) (did) (did not) vi	
	23A. SIGNATURE	23 B. DATE SIGNED
	Phys	
	CHAME (Type)	23D. ADDRESS
24A	MICARDO CORDON M. DEGREE BURIAL CREMATION, 124B. DATE 124G. NAME OF CREMETERY OF CREATION.	UNIV OF MD, HOSPITAL
	REMOVAL (Specify)	MATORY (State)
25A	DATE REC'D BY HEALTH SEPT. 258, NAME OF REGISTRAR	(ful.) (Cambridge m 6.
1	DEC 1 1970 Valled C. Jable N. A.	2590 HUNERAL DIRECTOR ADDRESS
VS	150-REV, 1/1/68	comment 1000 Drankley and.



111 21	V 70 450%	BALTIMORE CITY	HEALTH DEPA	RTMENT		70 11640
BIRTH NO.	0 70 1164	CERTIFICA	TE OF D			
Type or Print) W	nite, Thadius				per 25,	1970 4:00 P.
3. PLACE IN BAI	TIMORE, MARYLAND, WHERE PR		4. USUAL RESI A. STATE Maryla	B. COUNTY	deceosed lived. If	institutian: residence before admissio
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL OR II		c. CITY OR TOW	VN	D. IN	SIDE CITY LIMITS?
Good S 5601 I Baltin	Samaritan Hospi Loch Raven Blyd More, Maryland	tal 21212	E. STREET AND	NUMBER	on Stree	YES NO
· SEX		RIED NEVER MARRIED	B. DATE OF BIR		AGE (In years.	If Under 1 Yr. , If Under 24 H
Male	plack	WED DIVORCED	11/16/9	98	72	Manths Days Hours Min.
	UPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or fareign	cauntry)	12. CITIZEN OF WHAT COUNT
3. FATHER'S NA	working life, even if yetired)	Steetworker	Dunka	MAIDEN NAME	Suoliver	USA
	ary White		Mandy			
S. Wos Deceased fes, no or unknown	d Ever in U. S. Armed Farces? (If yes, give wor or doles of serv	16. SOCIAL SECURITY NO.	17. INFORMANT	1	1.—	ADDRESS
	I M	214-14-4119	more	uce se	laul	A APPROXIMATE INTERVA
DISEASES rise to It UNDERLYIN OTHER SIGNI TO THE DEA DISEASE OR G	ANTECEDENT CAUSES OR CONDITIONS, if ony, g ie obove cause (A) stating G CONDITION last. II FICANT CONDITIONS CONTRIBUT TH BUT NOT RELATED TO THE TERMI CONDITION GIVEN IN PART 1 (A).	the 2 TUBERC	ULOSIS,?	METAST ISM	ATIC CA	
19A. DATE O	F OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPS	(Yes ar Na)	208. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medicol examiner)	21B. PLACE OF INJURY (e.g., i hame, farm, foctory, street, o etc.)	n or about 21C. W ffice bldg., tNJUR	HERE DID Y OCCUR?	(If in Boltim	ore City, give exoct facation)
21 D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Yeor) (Hour)	21E. INJURY OCCURRED While At Not Whil	e	OW DID INJUR	Y OCCUR?	
		Work LJ At Wark	Λ		50	//2 = 7/
that (I) (we	y that (I) (this hospital) attend Tlast saw the deceased alive ad fram the causes stated abo	an 11/25 38m		and that	70 ta //	plnian death accurred an the o
23A. SIGNAT		1.5				23 B. DATE SIGNED
	Havey S. 1	Cein OEGREE Phy		Ned. St	aff D	11/25/70
23C. PHYSICIA	AN'S Type)	OCGREE	23D. ADDRESS			
24A. BURIAL CRI		OEGREE	EMATORY	24D. LOC	CATION	City, tawn, ar county) (State
SULLI SA. DATE REC'E	BY HEALTH DEPT. 25B. NA	Interpretation (Buf 250 EUNER	AL DIRECTOR	alou	orty Mosess
DEC 1	1970 Pobes E. Ja		60	roy O)- 3/el	ser 3/a/.
/S 150-REV. 1/1/	/6B					



NO

Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

ADDRESS

If Under 24 Hrs.

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/6B

president talent 4413 Park Height Her. fine Comme 18 15 No pe St. The BULL " 10-31-96 Mary Long ALL PLANTS The English SWEET STATE THE The state of the s

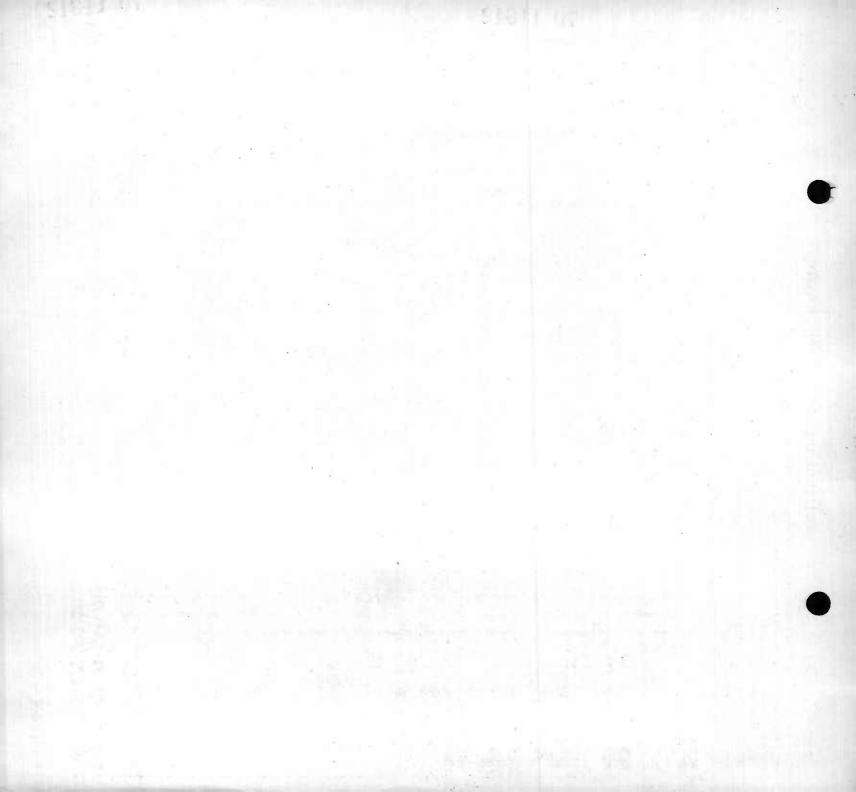
IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

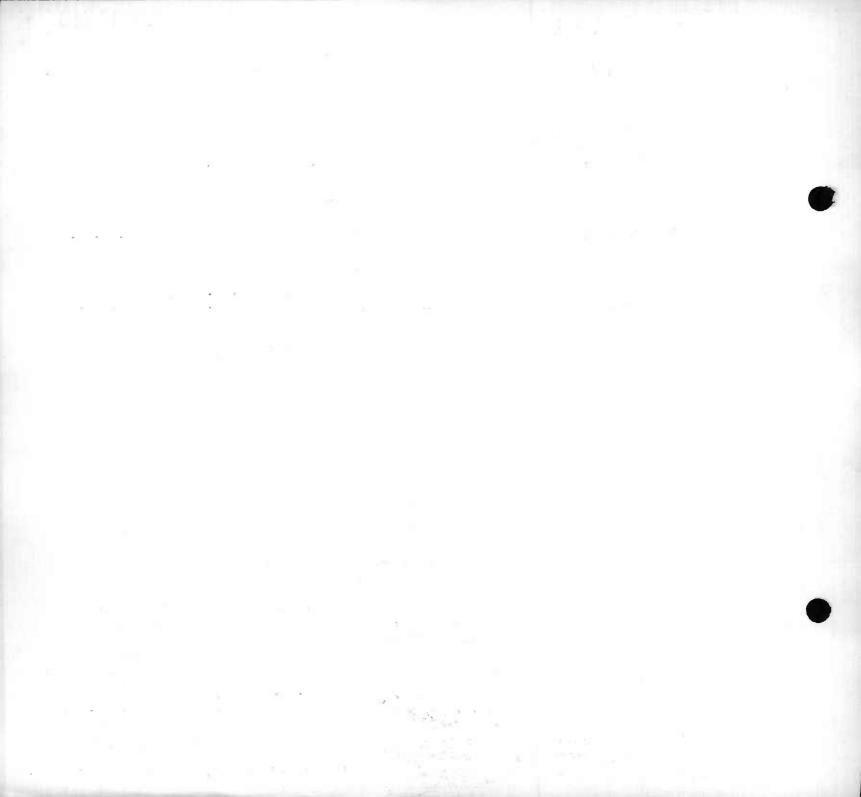
BALTIMORE CITY HEALTH DEPARTMENT



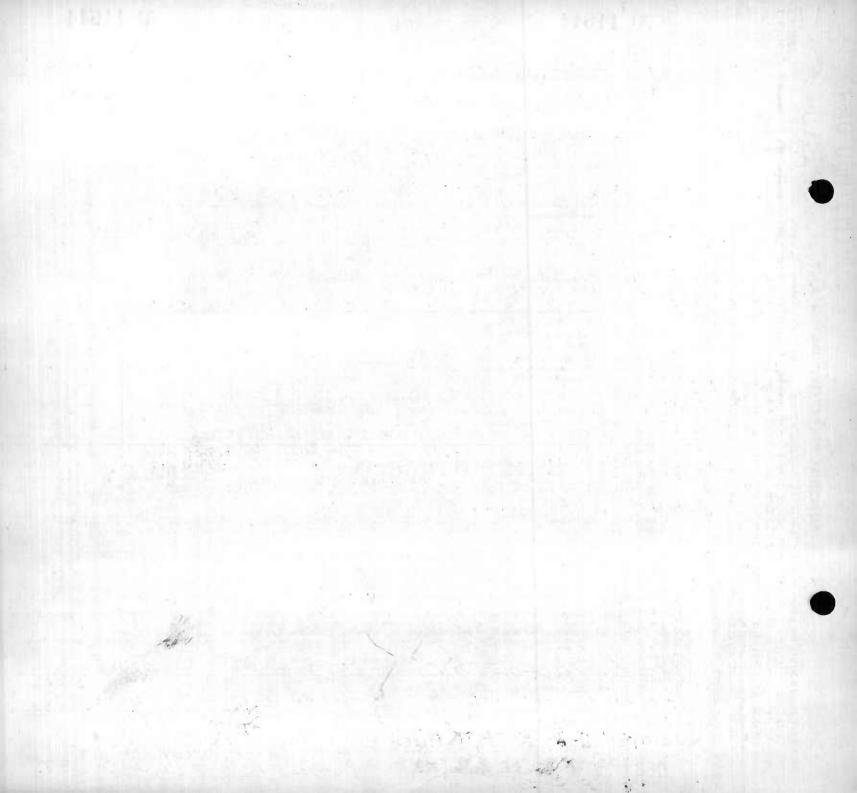
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

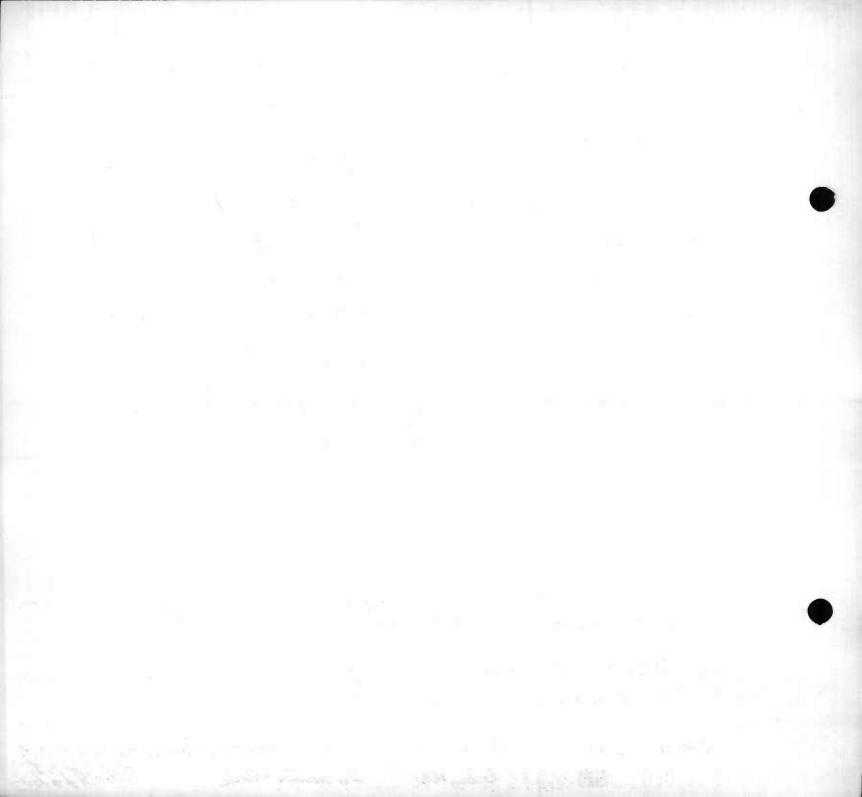
VS 150-REV. 1/1/68

N-46 BIRTH NO.	25 70 1	1643		ICATE (REG. NO.	70	11643
I.NAME OF	DECEASED						ND HOUR OF DEAT		
(Type or Print)	ELSON, JAMES	WALLITW							1 70.75 D
3. PLACE IN I	ALTIMORE, MARYLAND,	WHERE PRON	OUNCED DEAD	4, US	UAL RESID	ENCE (Whe	re deceased lived. If	institution	residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION					November 28, 1970 12:15 P. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission and the state of the				
INSTITUTION Veterans Administration Hospital 3900 Loch Raven Boulevard					C. CITY OR TOWN D. INSIDE CITY LIMITS?				
					Baltimore YES				No □
23 8	Saltimore, Mar	yland 2	1218		EET AND		d Ave.		
Male	6. RACE Caucasian		NEVER MARRIE		E OF BIRTH		9. AGE (In years last birthday)	II Und Months	ler 1 Yr. If Under 24 H
	CUPATION (Give kind of wo	WIDOWEL	DIVORCE	D 8.	-8-08		62		
one curing most	of Moterud rise, even it telited		or neg				ign Countryl		TIZEN OF WHAT COUNT
Retired Watchman					Maryland [14. MOTHER'S MAIDEN NAME				J. S. A.
James Nelson					Mary Cook				
5. Wos Deceased Ever in U. S. Armed Forces? Yes, no or unknown) Uf yes, give wor or dates of service! SECURITY NO.					ORMANTA	ecords	V. A. Hos	pital	ADDRESS
Yes	9-9-43 to 8	-18-44	218-07-11	93 3900	Loch	Raven	Blvd., Ba	ltimor	e, Md. 21218
18. 4	0.91		CAUSE OF	DEATH					APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY									BETWEEN ONSET AND DEA
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.) (A) IMMEDIATE CAUS DUE TO, OR AS A							infarction		weeks
DISEASES	e, oslhenia, etc. II mean amplication which cause ANTECEDENT CAUSE OR CONDITIONS, if	d death.) S anv. aivina	(B)	OR AS A CON	EQUENCE	OF:			***************************************
UNDERLYII	the abave cause (A)	slaling the	(c)						
I IO THE DE	II IIFICANT CONDITIONS CO ATH BUT NOT RELATED TO CONDITION GIVEN IN PA	THE TERMINAL	Addressesses						
21		KFOKMED	WHICH OPERATION	20A	AUTOPSY?	(Yes or No	10 CERTIFYING C	E FINDINGS	CONSIDERED DEATH?
OR CONTRI	ENT WAS UNDERLYING DUTING CAUSE OF Medical examined	215 her etc.	RPLACE OF INJURY ne, farm, factory, stre	(e.g., in or obou	121C. WHE	RE DID	(II In Boltim	ore City, giv	ve exoct location)
21 D. TIME OF INJURY (APPROX.)	(Menth) (Doyl (Year)		INJURY OCCURRE	D While	21F. HOV	LINI DIG V	URY OCCUR?		
22. I certif	y that 41) (this hospita	l) attended t	he deceased from	Novemo	er /.	1	9 70 as No	vember	28, 19 70
that (4) (we	a) last sow the deceas	ed alive on	Movember 28	3, 10	70	and st-			th occurred an the da
	nd from the causes sta				hade etc	and and	in turby (ont) of	oinian dea	in occurred an the da
23A. SIGNAT	URE	^	(310) (412)	mrhalen tye	pagy atte	er death.		238 D 4	TE SIGNED
		Ito 1	$NO N_{\rm a}$	Attending	Med	П	Stoff Phys.		/30/70
23C. PHYSICI NAME	AN'S	NY /	DEGREE	Phys. 23D. ADI	RESS V		ospital	1 11/	JU / V
	JACK :	I STERN,	M.D.	3900				timore	, Md. 21218
REMOVAL Burial	EMATION, 248 DATE	24C.N.	AME of CEMETERY of	EGREE CREMATORY		24D. LO		City, town, o	or county) (State)
	D BY HEALTH DEPT.			1 1250	FUNERAL		ard country	, riary	and the second second second
DEC 1	D BY HEALTH DEPT.		OF REGISTRAR		FUNERAL	DIRECTOR			ADDRESS Eastern Av



VS 150-REV. 1/1/6B





201	70 11646 BALTIMORE CITY HEALTH DEPARTMENT 70 11646
the t	BIRTH NO. CERTIFICATE OF DEATH REG. NO. TELLOTO
(5) Deceased ance on the death. Such	1. NAME OF DECEASED (Type or Print) HARVEY F. SEWARD 2. DATE AND HOUR OF DEATH SALVEY F.
(5) Dec ance o death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission and state of the pronounced deceosed lived, it institution: residence before admission and state of the pronounced deceosed lived.
1	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND 27-19 C. CITY OR TOWN D. INSIDE CITY LIMITS?
	E. STREET AND NUMBER
	5. SEX 6. RACE 7. MARRIED XNEVER MARRIED [8. DATE OF BIRTH 9. AGE (In vers) 16 Under 1 Ye 11 Under 24 He
	MALE WHITE WIDOWED DIVORCED 06/01/10 Cast birthdoy Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (State or foreign country)
	13. FATHER'S MAME 14. B. CONSTANTING AND NAME
	JOHN F. SEWARD FLORENCE CLEVENGER
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [Uf yes, give wor or dates of service) ADDRESS (Trues, no or unknown) [Uf yes, give wor or dates of service)
	Mr. Mone 215, 09 935 Mrs. Esther Seward 3200 W. ROGERS
	18. 62 APPROXIMATE INTERVAL DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	LEADING TO DEATH (A) IMMEDIATE CAUSE (UL MON MY & M BOLISM 6 DAYS.
	heart foilure, asthenia, etc. It means the disease, injury at complication which coused deoth.)
	ANTECEDENT CAUSES ON CONCHOGENIC CARCINOMA 6 MONTH
	DISEASES OR CONDITIONS, il ony, giving rise lo the above cause (A) stating the
1	UNDERLYING CONDITION Iosi. (C)
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	□ IO THE DEATH BUT NOT RELATED TO THE TERMINAL ✓ DISEASE OR CONDITION GIVEN IN PART 1 (A).
1	WAS PERFORMED LING CANCEN NO IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21G. WHERE DID (If in Bultimore City, give exect location)
	DEATH (notify medical examiner) O etc.) O 21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F, HOW DID INJURY OCCUR?
	21D. TIME (Month) (Doy) (Yeot) (Hour) 21E. INJURY OCCURRED While AI Not While AI Work AI Work
	22. I certify that (1) (this hospital) attended the deceased fram 19 70 ta 11/23
	that (1) (we) Tast saw the deceased alive an 11/23 15 70 and that In (my) (our) opinion death accurred an the dat
	and have and from the causes stated abave. (1) (We) (did hat) view the body after death.
	Villian Centra Walles T. PCh. J. Attending Med. Shoff P
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
	DECARE
	24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMATORY 24D. LOCATION (City, fown, or county) (Stole)
	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR , 25C, JUNEAU DIRECTOR ADDRESS
I	DEC 1 BTO Gabes E. Jadley Ra, 3 mark of Newell O'chesville, 8, M.
	VS 150-REV, 1/1/6B

TO A CONTRACT OF THE PART OF T A Jones A James A James Medical allo material Blanch at the state of

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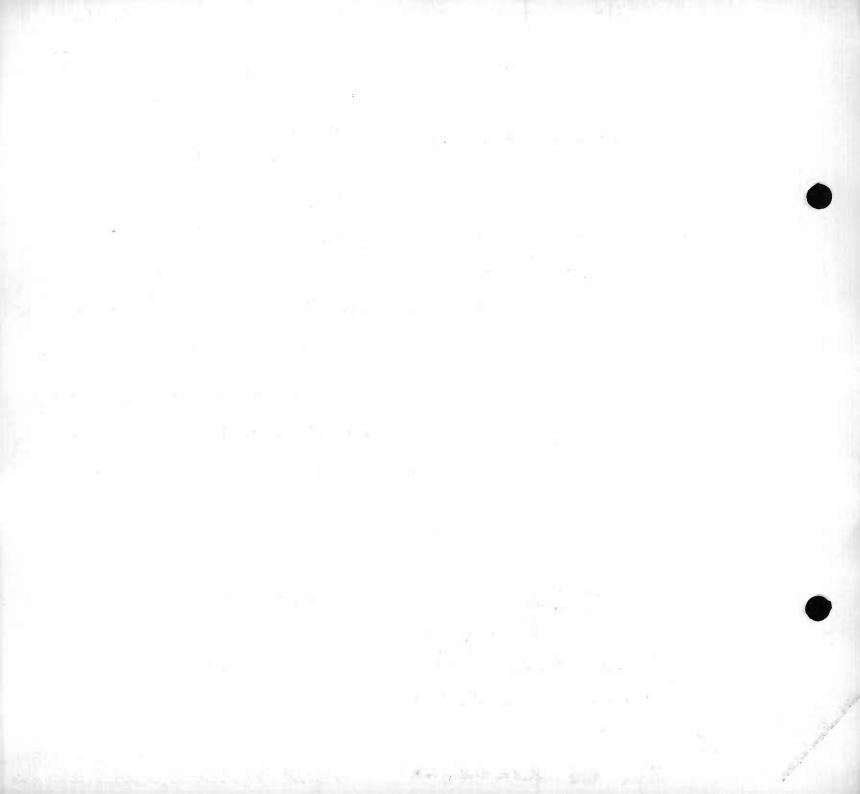
Δ.	in 352]	70 11647 BALTIMORE CITY HEALTH DEPARTMENT 70 11647	
7	Porbot	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 70 11647	
18	an ase ase th	I. NAME OF DECEASED Adams 12. Date and Hour of Death	
	on of	WHITER SCOTT APPLYS IN 1/124/70	· A-M.
3	Daodes	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before add. A. STATE B. COUNTY	mission
	hospi lse o (5) D ance deat	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) FULL NAME OF ADDRESS OR LOCATION)	0
1 2	se; se; to	III. CIT OK JOWN IN INSIDE CITY HAITS?	
3/ 1/2	nathart A	E. STREET AND NUMBER CITY	
101	ar ar de.	3110 WEST STAND PRIVE 21043	
		5. SEX 6. RACE 7- MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years if Under 1 Yr., If Under 1 Months! Days Hours!	24 Hrs. Min.
1	contrib contrib letermin in regul eceased on is ma	THE USE OF THE SOUTH OF THE SOU	
1	in det	done during most of working life, even if refired	DUNTRY
Fa	or or or or or or or or or or or or or o	Westerning Wagtespan All and	
3:	nt if dea direct or (; (4) Unc th was on the d	Walter scott adams Sa. Sushio Wolling	
Alm	and and and	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or ynknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	7
M. F.	FILE A. A. D. S. F.	Jes A.A.F. W. W.II 915-07-2851 Mas Catherine E. Adams 3018 West S	Rei Wa
116	ar Cabr	APPROXIMATE AT	ERV AZ
N. W.	Also, re of a nounc atten	LEADING TO DEATH	
3-		This does not meen the mode of dying, e.g., heart foilure, asthenia, etc. If means the disease,	
OR:	ner. actur pror ular mbai	injury or camplication which caused death.)	
22 I	amina A fr	ANTECEDENT CAUSES (B) Arteris schratie Cardio vascular deseal	
0 37	X X X X X X X X X X X X X X X X X X X	DISEASES OR CONDITIONS, if any, giving inse to the obave cause IA) stating the	
S B	ian ian ins	UNDERLYING CONDITION last. (C)	
-	medical edical burns; (; hysician n was i	Z OTHER CICALIFICANT CONTRIBUTING	
Z X	med buy bhy an	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
UNERA	a nody he p	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?	
5	U - ED + > 0		
LL.	tal by	U 21A-ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, factory, street affice bldg, INJURY OCCUR? OR CONTRIBUTING CAUSE OF Contribution Cause of the policy Contribution Cause of the policy Cause of the poli	
	ospi ospi atur (6) t	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	9 - 0	(APPROX.) While At Not While At Work	
	or y a	22. I certify that (1) (this hospital) attended the deceased from 16/24 19 20 to 11/24 19/	70
	E 0 0	thoy (1) (we) lost sow the deceased office on 19 19 ond that In (my) (our) opinion death occurred on the	he date
		and hour and from the couses stated obove. (1) (We) (did) did not) view the body ofter death.	
	3 0 0 0 E	23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff	
	a h cci	M. J. Degaze Phys. Director Phys.	
	was r An a Prior	NAME (Type)	
	May 100 May 10	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, of county) (S	
	L-73 - O 0 -	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (S	state)
		25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	144
	This the bashow was dece	DEC 1 1970 Robert E. Jakon Ma Turne H. Manual Or boans	00
		VS 150 PEV 1/1/AB	



IMPORTANT

DIRECTOR:

FUNERAL



VS 150-REV. 1/1/68

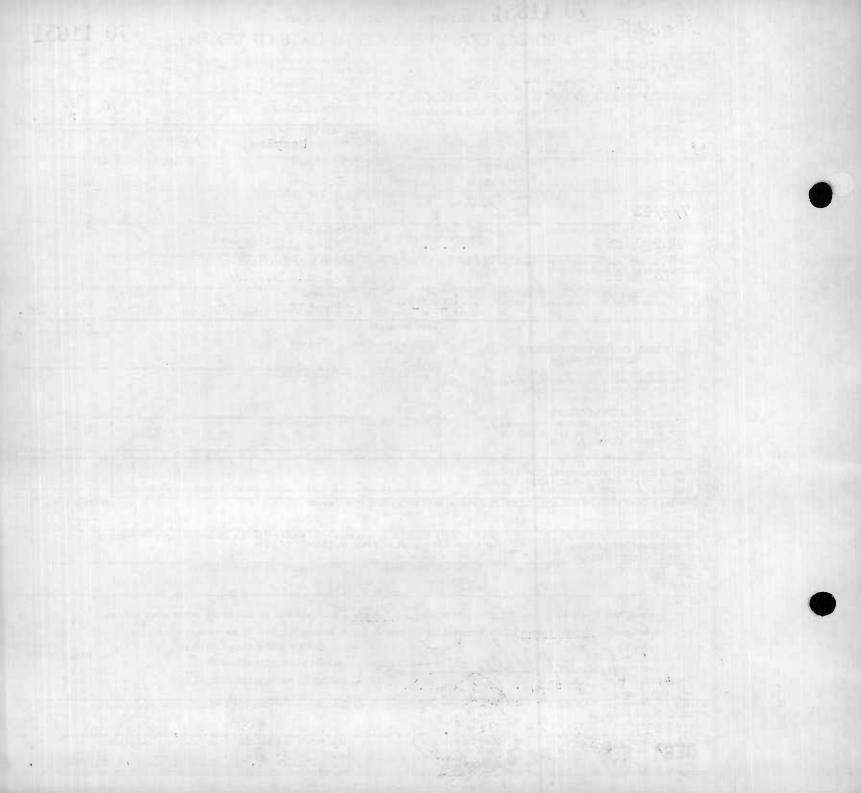
salan na alama kan salah ang process of the first of the second

1. N	TH NO. 10-2/429 AME OF DECEASED Baby Boy Morgan, Blanche	ATE OF DEATH 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH
FU HO IN:	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD LL NAME OF STREET ADDRESS OR LOCATION BY BULLIMORE Cuty Hospital By Eastern Ave. Balto., Md. 21224	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission Md. C. CITY OR TOWN Baltimore E. STREET AND NUMBER 1218 N. Cherles St. 21201
5. \$	Male WIDOWED DIVORCED	1 1/2/70 das birindoy) Months Days 1 45
done	USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTREE of working life, even if retired)	11. BIRTHPLACE (State or lareign country) Md. USA
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME Blanche June Morgan
(Yes	Was Deceased Ever in U. S. Armed Farees? ,na at unknown) (If yes, give was or dates at service) SECURITY NO.	BCH: Records Balto., Md. 21224
FΙ	injury or camplication which coused deoth.) ANTECEDENT CAUSES	S A CONSEQUENCE OF:
RTIF	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES
CAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, lactary, street, etc.) 21D. TIME (Manth) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	in or about 21 C. WHERE DID (II in Boltimore City, give exact location) office bidg., INJURY OCCUR?
٧	While At Not What Work Not Wor	1/2/ 19 >2 to //2/ 19 >0 19 20 ond that In(my) (our) opinion death occurred an the darwiew the bady after death. Pending Director Shaff
24A.	BURIAL CREMATION, 24B. DATE 24C, NAME OF CEMETERY OF CI	

BELL BE CHARLES FREE LISE

1 1/-11	70 11651 BALTIMORE CITY HEALTH DEPARTMENT
H-545	MEDICAL EXAMINER'S CERTIFICATE OF DEATH RE

1100		WED	ICAL	EXAMINER'S	LEKTIF	CAIE	OF DEAT	H REG. NO	70	THE TOP	7.20
BIRTH NO.					U						
1. NAME OF DE					2. DATE OF	Knawn L Estimated	Month	Day	Year	Hour	
	ALLEN SYLVESTER HAMLIN 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD										М.
			3. DATE	UNCED DEAD	Month	Day	Year	Hour			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)						ONGED DEAD	Noven	nber 27,	L970	1:45	P. M.
OR INSTITUTION					5. USUAL A. STATE			lved. If Institution B. COUNTY	: residence b	efare admi	ssion)
93	0 N. Ca	rrollt	on Av	renue	A, SIAIE	Maryl	and	B. COUNTY	25	·30)
6. SEX	7. RACE		8. MARR	IED NEVER MARRIED	C. CITY O	RIOWN		D. INSIDE CI	TY LIMITS?		-
Male	Negr	0	WIDOW		Balt.	imore		Ve	s 🗆 :	No 🗆	
9. DATE OF BIRT				If Under 1 Yr. 11 Under 24 Hrs.		AND NUMBE	2		<u>, , , , , , , , , , , , , , , , , , , </u>	40 L	
7/4/4	3	10. AGE (Ir	272	Months Doys Hours Min.	207	Cherry H	111 Pone				
II. BIRTHPLACE				12. CITIZEN OF	13. FATHE		III Koac	1			
Mary		,,, ,		WHAT COUNTRY?		vester	Hamlir				
		-10-21-6	140 81015	OF BUSINESS OR INDUSTR				1			
done during most of	working life, ev	en if relired)	140.KIND	OF BUSINESS OK INDUSIK	1						
						scilla	Davis				
16. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES of service	21 SECURITY NO. 27	18. INFOR		TT 7 A		DDRESS		-
no				219-40-027	Pris	cilla	Hamlin	207 Ch	erry	Hill	Rd.
19.	14 9	1		CAUSE OF DEA	TH					PROXIMATE II	
DISEAS	SE OR COND	ITION DIRE	-TIV	Intrav	enous	Narcotis	m				
DISEA	LEADING TO		will.	A.A.MAREOJATE	CALICE						
(This does	not mean the	made of dy	ing, e.g.,	(A) IMMEDIATE (DUE TO, OR	AS A CONSE	QUENCE OF:					
injury or co	e, osthenia, etc. mplication which	. II meons the ch caused dec	disease,								
	NTECEDENT			(8)	AC A CONC	QUENCE OF:					
RISE TO TH	OR CONDITION	USE (A) STAT	, GIVING IING THE	DUE 10, OK	AS A CONSI	QUENCE OF					
UNDERLY	NG CONDITI	ION LAST.		(c)							
2		11									
OTHER SIGN	NIFICANT CON	NOTIONS CO	ONTRIBUT	ING		and the second					
DISEASE OF	ATH BUT NOT	GIVEN IN PA	ART I (A)-	INAL							
OTHER SIGN TO THE DE DISEASE OF 20A. DATE O	F OPERATION	1 208. CON	NOITION	FOR WHICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes	or Na)
ō									,	yes	
Z 22A. EXTER	NAL CAUSE	WAS		228. PLACE OF INJURY (e.g.,	In or obout	22C. WHERE D	ID (If In Baltima	re City, give exo	1		
S UNDERLYING	G □ OR CON			hame, farm, loctory, street, offic	e bidg., elc.)	INJURY OCCU	R?				
	(Month) (D	Ogy) (Year	·) (Hous	22E.INJURY OCCURRED		22F. HOW DID	INJURY OCC	UR?			
OF INJURY	(, (, (WHILE AT NOT	WHILE						
(APPROX.)				m. WORK AT V	VORK						
	tify that I h	-14 1		Townseller [7] A.	topsy X	and shoe a	a shin banin	double to me			
			nquiry L	- Property				death in my			
resu	ted from: N	atural cau	ses X	Accident Suici	de L. H	omicide	Undeterm	ned manner	_		
ACTUAL	· V	1	111	///		CHIEF MEDIC				DATE SIG	NED
SIGNAT		M	1/10	sub h	ASS	ISTANT MEDIC	AL EXAMINER	X			
EXAMIN		Popald	NE	Cornblum, M.D.	ASS	OCIATE MEDIC	AL EXAMINER		11/28	2/70	
NAME (type		11. 1								
24A. BURIAL CRE REMOVAL (Spec		48. DATE		24C. NAME of CEMETERY	or CREMAT	ORY 2	4D. LOCATION	(City, town	, or county)	(Sto	ate)
Burial		12/1/	70	Mt. Auburn	2		Baltimo	no lla	ntrlon	3	
25A DATE REC'E	BY HEALTH	DEPT.	25B. N	Mt. Auburn		FUNERAL DIR			ry land	u	
DEC 1		Robert			271 1 2 72	* 7	1				Q.L.
	-CAA	A COCOL	A AGE	Cong FLA	l.Cr.	arles.	A. Rice	9001	W. Ba	rre :	ot.
VS 151-REV. 1/1/6	8										11



518 W. Saratoga St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 21. AUTOPSY? (Yes or No) OF INJURY NOT WHILE P WHILE AT (APPROX.) WORK AT WORK 23. Inspection Autopsy XX and that on this basis, death in my opinion I certify that I held an Inquiry Suicide resulted from: Natural causes XX Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 11/27/70 ASSOCIATE MEDICAL EXAMINER XXX **EXAMINER'S** NAME (Type) Peter Lipkovic, M.D. 24A. BURIAL CREMATION, 24C, NAME of CEMETERY or CREMATORY 24D, LOCATION 248. DATE (City, town, or county) (Stote) REMOVAL (Specify) Mt. Calvery Brooklyn. Maryland Buria. **ADDRESS** 25C. FUNERAL DIRECTOR 661 W. Barre St. Charles M. Rice VS 151-REV. 3/1/68

	ALTH DEPARTMENT			חלי	11653
MEDICAL EXAMINER'S C	ERTIFICATE OF	DEATH	REG. NO	10	TTODO
1. NAME OF DECEASED	2. DATE Known XX	Month	Doy	Year	1
(Type or Print) Richard Lee Johnson, Jr.	OF	11	26	70	11:40 a M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE	Month	Day	Year	M. Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD	11	26	76	11:40 a
118 W. 21st Street	S. USUAL RESIDENCE (Where A. STATE Md.		COUNTY	residence b	elore admission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN	1	. INSIDE CIT	LIMITS?	
male Negro WIDOWED DIVORCED	Balto.		YES	P	10 🗆
9. DATE OF BIRTH 10. AGE (In years lost birthday) 10. AGE (In years Months, Days, Hours, Min.	e. street and number 1628 N. Ca	lvert S			
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF	13. FATHER'S NAME				
MATY DNd WHAT COUNTRY?	Richard 2	, Ja	hwso	(4)	ST
14A-USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY		AE	11 10 00		
done during most of working life, even if retired)	Linda F	17.1.	CAM		
14. WAS DECE ASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT	14//	ADI	DRESS	
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	Robert Wilson	1.1.	stops	ColeM	Me
19. CAUSE OF DEAT		WIN	2000	APP	OXIMATE INTERVAL
F760 X	Cranio cerebral	den desemble	0.0	BETWE	EN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		rujuri	65		
(This does not mean the mode of dying, e.g.,	S A CONSEQUENCE OF:				
heart failure, asthenia, etc. it means the disease, injury ar complication which coused death.)	o A constitution of				
DISEASES OR CONDITIONS, IF ANY, GIVING (8) DUE TO, OR A	S A CONSEQUENCE OF:				
RISE TO THE ABOVE CAUSE (A) STATING THE	B A CONSEQUENCE OF:				
Z UNDERLYING CONDITION LAST. (c)					
Ĕ					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	S PERFORMED			21. AUTOP	SY? (Yes or No)
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	S PERFORMED				SY? (Yes or No)
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., I home, form, foctory, street, office	n or obout 22C. WHERE DID (f in Ballimore (City, nive exact	location)	yes
22A. EXTERNAL CAUSE WAS UNDERLYING DOR CONTRIB. UTING CAUSE OF DEATH.	n or obout 22C. WHERE DID (in bldg., etc.) INJURY OCCUR?	Subject 21st S	Was fo	location)	yes
22A. EXTERNAL CAUSE WAS UNDERLYING OF DEATH. 22B. PLACE OF INJURY (e.g., I home, form, foctory, street, office UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED.	n or obout 22C, WHERE DID (bldg, etc.) INJURY OCCUR?	Subject 21st S URY OCCUR	Was fo	location)	yes
22A. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) UTING MORK NOT NOT NOT WORK AT WORK	n or obout 22C. WHERE DID (ibldg., etc.) INJURY OCCUR? 118 W 22F. HOWDID INJ	Subject 21st S URY OCCUR	Was fo	location)	yes
22A. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB. UNDERLYING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) UNIX. 23.	or obout 22C. WHERE DID (bldg., etc.) INJURY OCCUR? 118 W 22F. HOW DID INJ WHILE UNK.	Subject 21st S URY OCCUR	City, give exact Was fo treet.	location) und at	yes
22A. EXTERNAL CAUSE WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., 1 home, form, foctory, street, office Unik. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) Unik. 23. 1 certify that I held on Inquiry Inspection Automatical Automatical Control of Inspection Automatical Control of Inquiry Inspection Automatical Control of Inquiry Inspection Inquiry Inspection Automatical Control of Inquiry Inspection Inquiry Inspection Inquiry Inspection Inquiry Inspection Inquiry Inspection Inquiry Inspection Inquiry Inspection Inquiry Inspection Inquiry Inspection Inquiry Inspection Inquiry Inspection Inquiry Inspection Inquiry Inspection Inquiry Inspection Inquiry Inspection Inquiry I	n or obout 22C. WHERE DID (ibidg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OF COURTS WHILE UNK.	Subject 21st S URY OCCUR	Was fo	location) und at	yes
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22A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH. 22D. IIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) UINk. 1 certify that I held on Inquiry Inspection Autoresulted from: Natural scauses Accident Suicide	ville and that on the Homicide XX U	Subject 21st S URY OCCUR Is basis, de	ity, give exact was fo treet	location) und at	yes
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22A. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB- UTING CAUSE OF DEATH. 22D. IIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) UTINk. 1 certify that I held on Inquiry Inspection Authorisis Accident Suicide ACTUAL SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) 12 5 7 0 EVERGINE OF INJURY (e.g., I home, form, foctory, street, office UTING (Hour) 22E.INJURY OCCURRED. WHILE AT WORK AT WORK AT WORK A CTUAL SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) 12 5 7 0 EVERGINE OF INJURY (e.g., I home, form, foctory, street, office UTING UTING 24B. PLACE OF INJURY (e.g., I home, form, foctory, street, office UTING A CTUAL SIGNATURE EXAMINER'S NAME (Type) 24C. NAME of CEMETERY of EVERGINE OF INJURY (e.g., I home, form, foctory, street, office UTING A CTUAL SIGNATURE EXAMINER'S NAME (Type) 24C. NAME of CEMETERY of EVERGINE OF INJURY (e.g., I home, form, foctory, street, office UTING A CTUAL SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, PARTY OF INJURY OCCURRED A CTUAL SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, PARTY OCCURRED A CTUAL SIGNATURE EXAMINER'S NAME (Type) 24C. NAME of CEMETERY of EVERGINE OF INJURY OCCURRED A CTUAL SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, PARTY OCCURRED A CTUAL SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, PARTY OCCURRED A CTUAL SIGNATURE EXAMINER'S NAME (Type) 24B. DATE A CTUAL SIGNATURE EXAMINER'S NAME (Type) 24C. NAME of CEMETERY of EXAMINERY A CTUAL SIGNATURE EXAMINER'S NAME (Type)	ASSOCIATE MEDICAL ED TO CREMATORY TO COURT 22F. HOW DID IN WHILE 22F. HOW DID IN UIN k. CHIEF MEDICAL ED ASSOCIATE MEDICAL ED CREMATORY 24D. L CHIEF MEDICAL ED CREMATORY 24D. L CHIEF MEDICAL ED CREMATORY 24D. L CHIEF MEDICAL ED CREMATORY 24D. L CHIEF MEDICAL ED CREMATORY 24D. L CHIEF MEDICAL ED CREMATORY 24D. L CHIEF MEDICAL ED CREMATORY 24D. L	Subject 21st S URY OCCUR Is basis, de Indetermine KAMINER C KAMINER C KAMINER XX OCATION N& C	ath in my op	locotion) und at	ATE SIGNED 11/27/70
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August 1995 B. Finds F Wilson 5 19 111 53

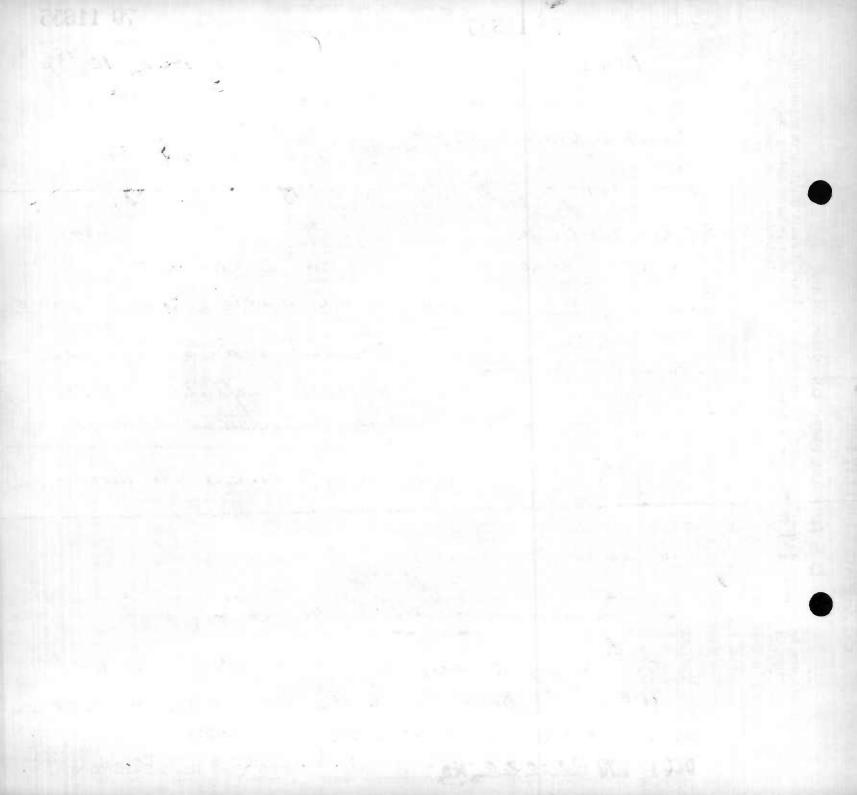
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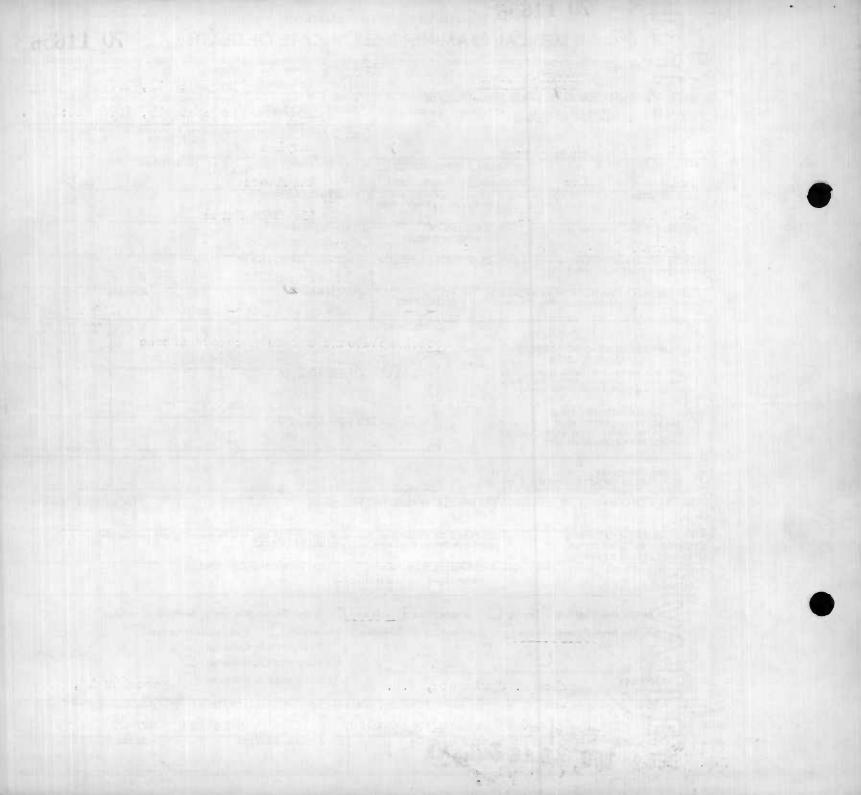
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FUNERAL DIRECTOR: IMPORTANT

8-600		BALTIMORE CITY	HEALTH DEPARTA	AENT	70 440EE
IRTH NO.	70 1165	5 CERTIFICA	TE OF DEA	TH Registered Na.	70 11655
A.E. CASE NO.	- January Colla				
NAME OF DECEASED	,		2. [DATE AND HOUR OF DEATH	4- 40
Louis	F.	SARO	3	30 NOV 19	70 10 P
PLACE OF DEATH IN BALTIMORE	MARYLAND			CE (Where deceased lived. If i B. COUNTY	institution: residence before admis
					12 12
FULL NAME OF (If not in ho HOSPITAL OR oddress or l	spital or institution,	give street	Md		10-0d
INSTITUTION		** * .	C. CITY OR TOWN	Total Control of the	RURAL and give town hip)
Maryland G.	MATRAL	HACDITAL		IMORE	
THE YIMING OF	ENEIA!	1105/1111	D. STREET ADDRES		1 07
4			3033	ST. PAUL	Street
SEX 6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Haday 1 Vs. II Haday 24
MALE CAUC.	WIDOWE	D. DIVORCED (specify)	In Cont 4	lost birthday)	Months Doys Hours M
	14	AMIED	12 SEP!	101 83	
OA. USUAL OCCUPATION (Give kind one during most of working life, even if re			11. BIRTHPLACE (Sto	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
25-105-Paran	St.	HOE STORE	MN	- USA	* * * * *
JETIRED - PROPRI	EIOR				USA
3. FATHER'S NAME			14. MOTHER'S MAI	DEN NAME	
20015 S	ARO		INA	BERNHAR	DT
. Wos Deceosed Ever in U. S. Arm		1 6. SOCIAL	17. INFORMANT	100111111111111111111111111111111111111	ADDRESS
es, no or unknown) (If yes, give wor	or dotes of service)	SECURITY NO.			
No		216-30-697.	2 MRS. 1	MAMIE L. SI	ARO SAN
18.5 60 9		CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITIO	N DIRECTIV				ONSET AND DEATH
LEADING TO DE		(3)	crebral	la la	= 1
(This does not meen the made		(A)	retrat	imerou	2 days
heart failure, asthenia, etc. II r					
injury or complication which co			1	- A- A	_ ,
ANTECEDENT CA	USES	(B)	securalia	I infaration	5 days
DISEASES OF COMPITIONS	.,	DUE TO		./	
DISEASES OR CONDITIONS,			bon Train	trointentional 1	News are had 0 -
UNDERLYING CONDITION las		ag.	-jeus	I WILLIAM IN THE	CVI VI T
OTHER SIGNIFICANT CONDITIO	NS CONTRIBITION	G			
TO THE DEATH BUT NOT	RELATED TO TH		O	Can diamen	la Luca
C DISEASE OF COMPLIEN CAD		_www.	cerou	Willevaner	ca renews
	S PERFORMED	WHICH OPERATION	20A. AUTOPSY?		FINDINGS CONSIDERED AUSES OF DEATH?
			NO		
U 21A. ACCIDENT WAS UNDERLY	ING 21	B. PLACE OF INJURY (e.g., i	or obout 21 C. WHER	E DID (If in Boltime	ore City, give exact location)
OR CONTRIBUTING CAUSE O	F hos	me, form, foctory, street, o	tice bldg., INJURY O	SCUR?	
9	0.0	,			
21 D. TIME (Month) (Doy) OF INJURY	(Yeor) (Hour) 211	INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?	
OF INJURY		hile AI Not Whil	е 🦳		
(ATTROX)	W	ork At Work			
22. I certify that 🤲 (this hos	spital) attended	the deceased from 2	Nox	1920 to 30	NOV 1970
that (we) lost saw the de			19 70		pinian deoth accurred an the
					on decin accurred an the
and haur and from the cause	s stated above. ((I) (444) (qiq) (q iq (1) (iew the body after	r death.	
23A. SIGNATURE					23B, DATE SIGNED
0)1/2 (12,	R. R	A . A . M.D. Atte	ending Med.		30 nov 20
22C BHYSIGIAATS	very /2		23D. ADDRESS	tor Phys.	20101
23C. PHYSICIAN'S NAME (Type)	/ -	7	TOP. ADDKE22		
WA G	BA	M.D.	mi	STATERAL	Unco, Thi
4A. BURIAL CREMATION, 24B. DA	TE DAG N	AME of CEMETERY OF CR	MATORY	24D. LOCATION	City, Iown, or county) (Sic
REMOVAL (Specify)					
Burial 12-3	3-70 F	Parkwood *Cen	netery	Parkville,	Md
SA. DATE REC'D BY HEALTH DEPT.	- 258. NAME	OF REGISTRAR	25C. FUNERAL E	DIRECTOR	ADDRESS 10
0004 4000 0			LL VAY	Jankins & Sons	- Co ADDRES 212
	7 40 7 4		H. W.	HOLL A BOLK	3 Hattimana MA
REGI MAR NOT	as E. Jall	W ACD	H. W. 2	Henkips & Rons	Baltimore, M



5.53	36 MFC	ICAL	EXAMINER'S			DEAT	н	70	11656
BIRTH NO.	77120	10/12					REG. NO	, 0	£1000
1. NAME OF DEC	EASED VERNON	/ASBU SNYD		2. DATE OF DEATH	Known A	Month	ber 25,	Year 1970	Hour M.
4. PLACE IN BAI	TIMORE, MARYLAND, V			3. DATE PRONOUN		Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	HOSPITAL ADDRESS OR LOCATION)						ber 25,		11:24 P.M.
	Sinai Hosp	oital	(DOA)	A. STATE M	aryland		B. COUNTY	0	6-00
6. SEX	7. RACE White	8. MARRI WIDOW	ED NEVER MARRIED	C. CITY OR TO	Hamps		D. INSIDE CIT		NO 🎑
9. DATE OF BIRT		n years	ff Under 1 Yr. II Under 24 Hrs.		D NUMBER S		YE	<u>у Г.</u>	NO E
Oct 5 18	lost birthde		Months, Days, Hours, Min.		39 Main				
	State or loreign country)		2. CITIZEN OF WHAT COUNTRY?	Frank		nyder			
	1 County Md.	LAR KIND	OF BUSINESS OR INDUSTRY			-			
done during most of	working lile, even il retired)	140. KIIND	OF BUSINESS OR INDUSTR	Eliza					
	ED EVER IN U.S. ARMEI			18. INFORMA	NT		AD	DRESS	(son)
No	,(1.) 63, 9110 401 01 01 00103	0, 20, 1100)	214-01-8469	Robert	J Snyde	r- Cas	htown, l		
19. 4-1	0.41		CAUSE OF DEA						PPROXIMATE INTERVAL WEEN ONSET AND DEATH
DISEAS	E OR CONDITION DIRE	CTLY	Arteriosc	lerotic c	ardiovas	cular	disease		
(This days	LEADING TO DEATH		(A) IMMEDIATE						
heart failure	oot meen the mode of dy c, asthenia, etc. It meens the	disease,	DUE TO, OR	AS A CONSEQUE	NCE OF:				
injury or car	nplication which caused de	un.,							
	NTECEDENT CAUSES		(8)	AS A CONSEQU	ENCE OF				
RISE TO TH	OR CONDITIONS, IF AN'	TING THE	DOE 10, OK	M3 M CONSEQU	ENCE OF:				
Z	NG CONDITION LAST.		(c)						
U TO THE DE	II NIFICANT CONDITIONS C ATH BUT NOT RELATED TO	THE TERMI							
DISEASE OF	F OPERATION 1208. CO		OR WHICH OPERATION W	AS PERFORMED				21. AUTC	OPSY? (Yes or No)
8			OR WHOM OF EXAMENT W	TENI ONINES					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ZZA. EXTER	NAL CAUSE WAS		228. PLACE OF INJURY (e.g.,	In or obout 22C	. WHERE DID	il in Baltimor	e City, give exp	ct location)	Yes
B MING □ CA	OR CONTRIB-	1	nome, farm, loctory, street, offic	e bldg., etc.) INJ	URY OCCUR?				
OF INJURY (APPROX.)	(Month) (Doy) (Yea		WHILE AT NOT	WHILE	HOW DID IN.	JURY OCC	JR?		
23.			m. WORK LATW	ORK L					
l cer	ify that I held on I	inquiry [Inspection Au	topsy X	and that on th	ils basis,	death in my	opinion	
resul	ted from: Natural cau	ses 🔀	Accident D Suicid	ie 🗌 Homi	cide 🔲 🔝	Undetermi	ned manner [
	000		11.		IEF MEDICAL E				DATE SIGNED
SIGNAT		30	Jall M.D	. ASSISTA	ANT MEDICAL E	XAMINER	X		DAIL SIGNLE
EXAMIN NAME (S. SI	oringate, M.D.	ASSOCI	ATE MEDICAL E	XAMINER	□ Nove	mber	26, 1970
24A. BURIAL CRE REMOVAL (Spec	MATION, 248. DATE		24C. NAME of CEMETERY	or CREMATORY	24D.	LOCATION	(City, town	or county	(Stote)
Burial	Nov 2	9 1970	Wesley Ceme			ampste			Maryland
	BY HEALTH DEPT.	25B. N	ME OF REGISTRAR	25C. FUI	NERAL DIRECTO	OR .	Al	DDRESS	
DEC	2 1970 1682	Cu V	THE PARTY OF	9	ohn E Go	ff H	ampstead	Md.	21074
VS 151-REV. 1/1/6	8								



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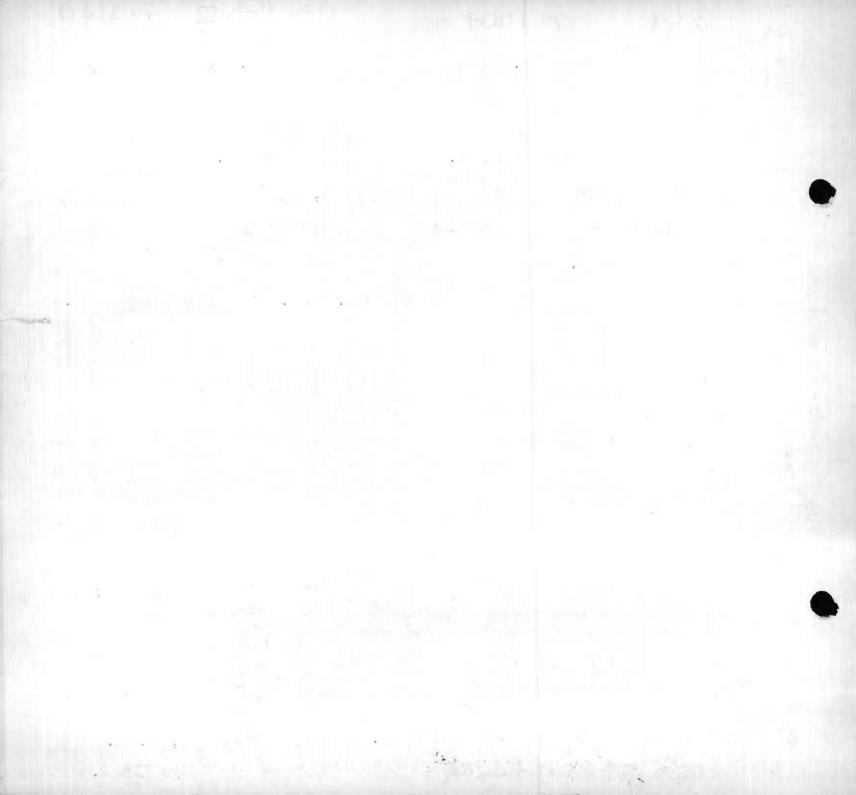
IMPORTANT

DIRECTOR:

FUNERAL

0			BALTIMORE CITY	HEALTH DEPARTMEN	T	M/N / .		
5-614 BIRTH NO.	70 11	658	CERTIFICA	TE OF DEATH	REG. NO	70 11658		
I, NAME OF DEC	EASED			2. DATE	AND HOUR OF DEAT	Н		
(Type or Print)	Do	lores M	. Scarborough	1	Nov. 27, 197	O		
3. PLACE IN BAL	TIMORE, MARYLAND, WH	ERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before odmission)		
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL ADDRESS OR LOCAT	. OR INSTITU	TION, GIVE STREET	A. STATE B. COUNTY Maryland C. CITY OR TOWN Baltimore Baltimore E. STREET AND NUMBER				
43	South Balt	o. Gen.	Hospital		Hollins Ferry	Rd.		
5. SEX	6. RACE 7	MARRIED	*NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.		
	****	WIDOWED	DIVORCED	Nov. 21, 192		Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY?		
Se	wer	Bed	ding Co.	Balto. N		USA		
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME			
	Howard Ber			Maude V	Vade			
	Ever in U. S. Armed Force		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
No	, , , ,		01.COX.111 [10.	Mrs. Doris I	Lucke-Box 250	Rt. 2 Glen Burnie		
DISEASES (rise la lh	asthenia, etc., II means II mplication which caused d ANTECEDENT CAUSES OR CONDITIONS, if and the above cause (A) is G CONDITION last. II FICANT CONDITIONS CONTITIONS CONTITIONS TO THE BUT NOT RELATED TO THE	iy, giving slating the	(B) Card	A CONSEQUENCE OF:	2 Geresa	Sel		
	F OPERATION GIVEN IN PART 19B. COND WAS PERFO	TION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes		RE FINDINGS CONSIDERED CAUSES OF DEATH?		
OR CONTRIBI	NT WAS UNDERLYING UTING CAUSE OF	21 B. home etc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, of	n or obout 21 C. WHERE DI	D (If in 8altin	nare City, give exact location)		
O 21D. TIME OF INJURY	(Month) (Doy) (Yeor)		INJURY OCCURRED		INJURY OCCUR?	-		
(APPROX.)		Whil	e At Not While	e 🗌				
that (I) (we)	that (I) (this hospitol) last saw the deceosed d from the causes state	olive on	NOUZ-			opinian deoth occurred on the date		
23A/ SIGNATU	JRE Selection	a delive. (I)	Atte Phy	med. Director	Shaff Phys.	23B. DATE SIGNED 70		
23 C. PHYSICIA NAME AT	1301 Qm	124C. NA	DEGREE ME of CEMETERY OF CR	23D. ADDRESS EMATORY 24	D. LOCATION	(City, town, or county) (State)		
Burial			Glen Haven		72 7	A. A. Co. Md.		
DEC 2 VS 150-REV. 1/P/	BY HEALTH DEPT.	SB. NAME O		250 FUNERAL DIREC		ADDRESS 237 Pat. Ave.		
4 3 1 30 - KE V+ 1/ F/	~ ~							

WELLEY OF THE TO WHEND THE AN TOTAL OF THE PARTY OF THE PA District May 1, 3 130



IMPORTANT DIRECTOR: FUNERAL

11660 BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived, If institution residence D. INSIDE CITY LIMITS? YES 🕅 NO Il Under 1 Yr. If Under 24 Hrs. Months! Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? usa APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II In Boltimore City, give exoct location) and that in (my) (our) opinion deoth occurred on the date 23B. DATE SIGNED (Stote) (City, town, Baltimore, Maryland 2829 Hudson S VS 150-REV. 1/1/68





FUNERAL DIRECTOR: IMPORTANT

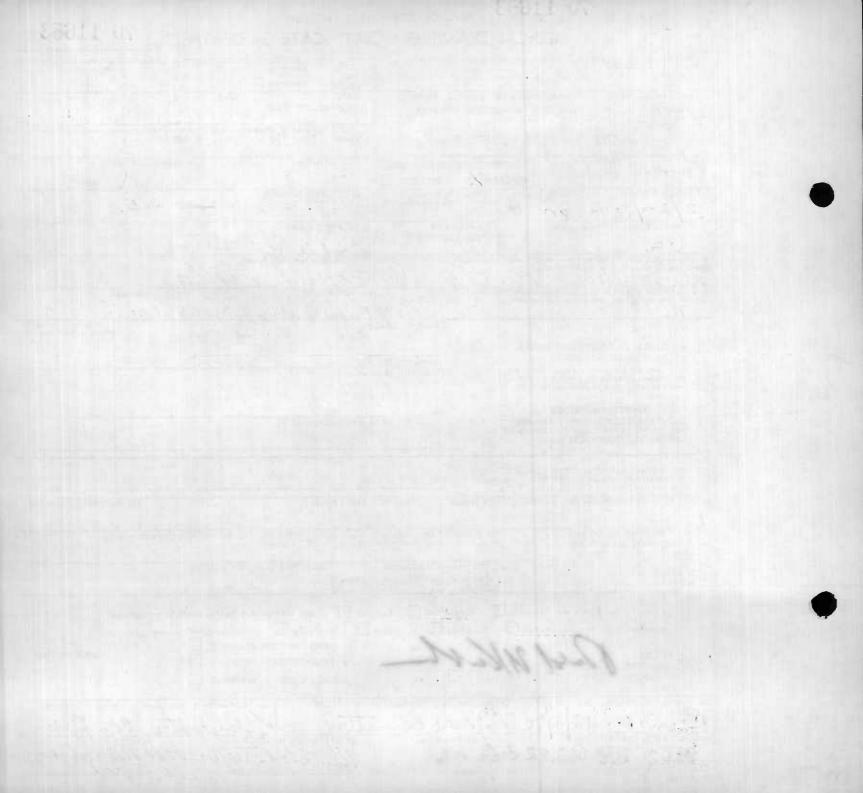
A 252 BALTIMORE CI	TY HEALTH DEPARTMENT
Side it of	ATE OF DEATH X REG. NO. 70 11662
(Type or Print) HAWKINS ALIZE.	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONDUNCED DEAD	4. USUAL RESIDENCE (Where deceaded lived, 11 institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryare matter 53-00
HOSPITAL OR ADDRESS OR LOCATION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
morey Hospital	Balterion & YES NO
3/ Baltwork Maryland	6108 Shady spring Ave
5. SEX Ferale Cauc 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Y. Il Under 24 Hise Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTI	
housewife.	Bolf. Co. maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Baubletz.	Clizabeth. Till MAN
5. Was Deceased Ever in U. S. Armod Forces? Yes, no or unknown! (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
No 215-24-650	8 Hospital addisoner record
18. 17 4 X I CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	SETWEEN ONSET AND DEATH
LEADING TO DEATH IThis does not mean the made of dying, e.g., (A) IMMEDIATE C.	
hoort failure, asthenia, etc. It means the disease,	S A CONSEQUENCE OF:
injury ar complication which caused death.)	It and Don to I and U. so
ANTECEDENT CAUSES	ostatic CAD/Breest > lures 4 would
	LEVENSE (P) press. 5 months
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL Solution Given in Part 1 (a).	######################################
19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
= 6/8/64 Caremana Costres	1 20 100
OR CONTRIBUTING CAUSE OF hame, farm, foctory, street	in or obout 21 C. WHERE DID (If In Boltimore City, give exact location) affice bldg., INJURY OCCUR?
DEATH (notify medical examiner)	2
OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) Not While At Not Wh	
22. I certify that (I) this hospital) ettended the deceased from	10/26 10 70 11/27 10 > 0
that (1) (we) jast saw the deceased alive an 11 29	19 70 and that In(my) (fur) apinion death occurred on the date
and haur and from the causes stated abave. (!) We did (did nat)	
23A. SIGNATURE	238. DATE SIGNED
TRACESTO P JONES UD AT	tending Med. Stoff 5
23C. PHYSICIAN'S	23D. ADDRESS
PREDERICK D. Filher IND	Mercy Hespital Balterers N
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CI	
REMOVAL (Specify)	Nation
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REDISTRAR	25C FIGURAL PLANES
GEG 2 1910 Rose & Jaben M.D.	Dillo:
/\$ 150-REV, 1/1/68	Philip G. Crack 1211 Chesaco ane

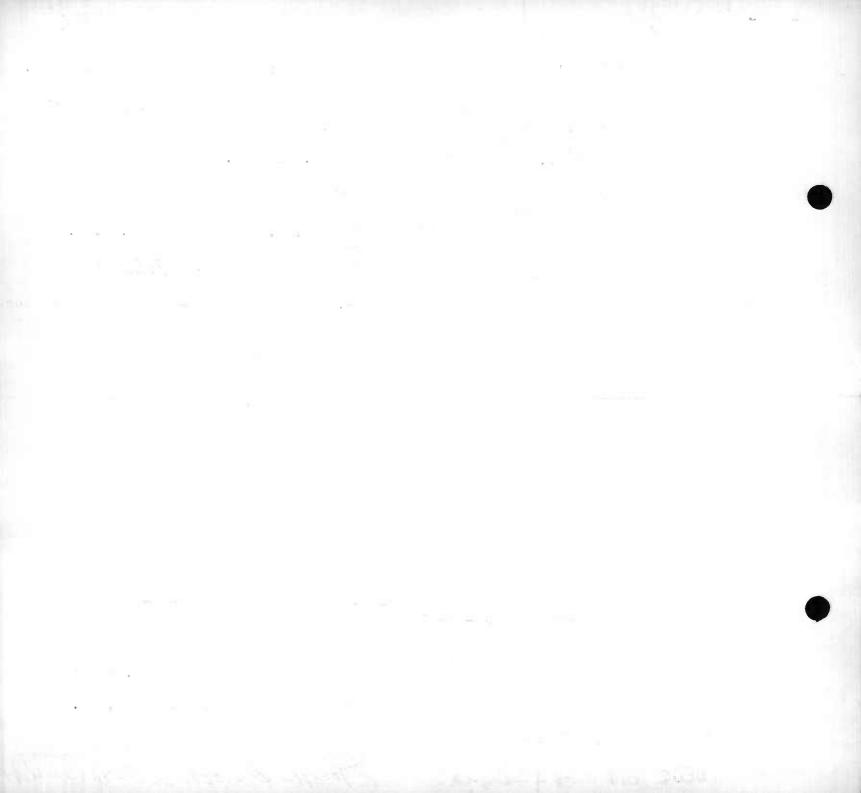
25-24-6-2

g.

111-1150	CERTIFICATE OF DEATH REG. NO. 70 11663
1. NAME OF DECEASED (Type or Print) OCTAVIA R. WILLIAMS	2. DATE Known Month Doy Year Hnur OF Estimated Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	3. DATE Month Day Year Hour PRONOUNCED DEAD November 28,1970 5:50 E
UNION MEMORIAL HOSPITAL	5. USUAL RESIDENCE (Where deceased lived, # Institution: residence before admission a. STATE Maryland B. COUNTY /2-05
6. SEX Female Negro B. MARRIED NEVER MARRIED WIDOWED DIVORCED	C. CITY OR TOWN Baltimore Baltimore YES NO
9. DATE OF BIRTH 3/20/18 90 10. AGE (In years fi Under 1 Yr, II Under 24 Hrs. Months Days Hours Min.	, IE, STREET AND NUMBER
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Sarvett
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR' done during most of working life, eyen if retired) Llo Muster Viviate Tumlies	Fannie Shiffen
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	Hagh Williams_3/36 Ellershie are.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ATH / osclerotic cardiovascular disease APPROXIMATE INTER
(A)IMMEDIATE C	CAUSE AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or N
UTING CAUSE OF DEATH.	In or obout 22C. WHERE DID (If In Baltimore City, give exact location) bidg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED. (APPROX.) WHILE AT NOT AT W	TWHILE OCCUR?
I certify that I held on Inquiry Inspection X Aurersulted from: Natural causes X Accident Suicid ACTUAL SIGNATURE EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	and that on this basis, death in my opinion de Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER 11/29/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY BENDVAL (Specify) 123/70 Bered Cem	etery Thurste co. Va.
DEC 2 1 Report Strate Control of the	25C! FUNERAL DIRECTOR ADDRESS Collah

VS 151-REV. 1/1/68





150-REV. 1/1/68

THE PERSON NAMED AND PARTY OF THE PARTY OF T A General and a settle to the settle and

Sacred Heart of Jesus

258. NAME OF REGISTRAR

Burias

VS 151-REV. 3/1/68

25A. DATE REC'D BY HEALTH DEPT.

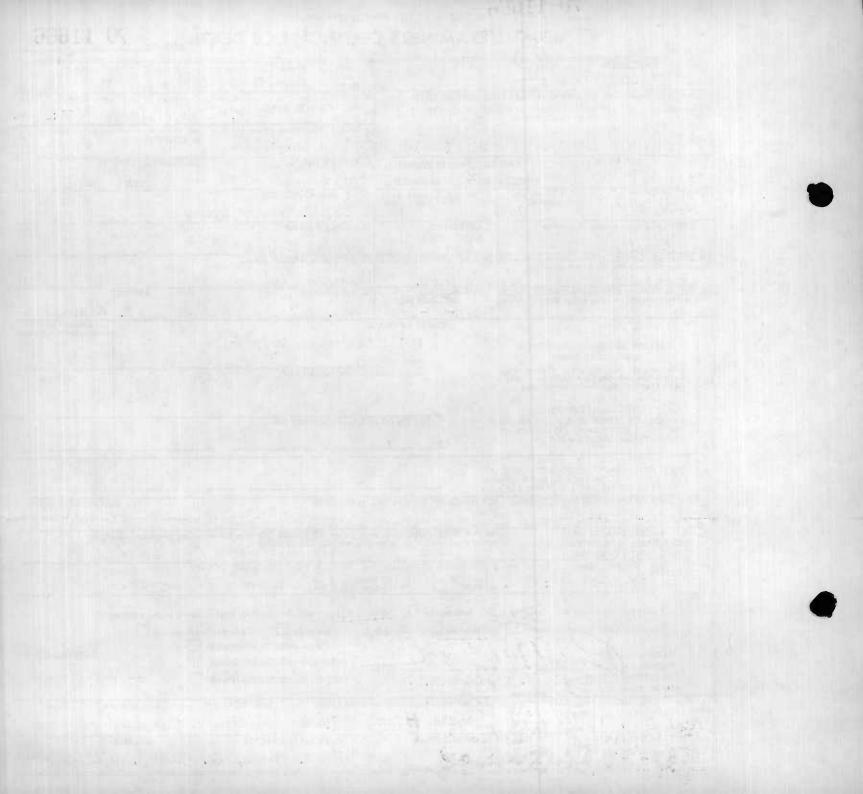
Baltimore,

John A. Moran, Inc. 3000 E. Baltimore

25C. FUNERAL DIRECTOR

"aryland

ADDRESS



Such

death

physician was in regular

shows: (1) An accident

written approval

deceased prior

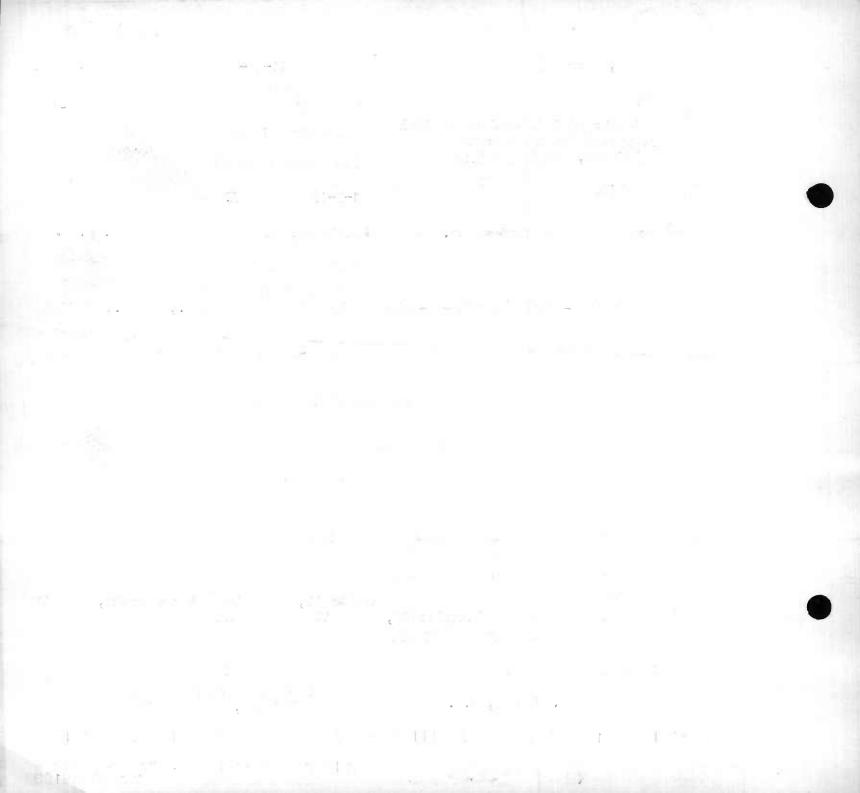
was D.O.

a hospital and cause of death

	B10	^			BALTIMORE CIT	Y HEALTH DEPA	RTMENT				
	RTH NO.		70 1:	156/	CERTIFICA	ATE OF D	EATH	REG. NO.	_70	11667	7
	NAME OF DEC		m).	-			2. DATE A	ND HOUR OF DEA	TH		
3,		BOYLE,			OUNCED DEAD	He digital see	11,	/27/70		11:00	A
						11.00	D. COU!	ere deceased lived, I	f institution:	residence before	admissio
H	ILL NAME OF OSPITAL OR STITUTION	ADDRE:	S OR LOCA	AL OR INS	TITUTION, GIVE STREET	Maryla c. CITY OR TOW	nd			12-0	6
,,,,	3111011011	Veteran	s Admi	nistra	tion Hospital	(1		D. 11	VSIDE CITY	_	7
	23	3900 Lo	ch Rav	en Bou	levard	E. STREET AND	NUMBER		YES] NO []
	SEX	Baltimo	re, Ma					nd Avenue			
J		6. RACE			NEVER MARRIED	8. DATE OF BIRT	Н	9. AGE (In years lost birthdoy)	If Und	er 1 Yr. If Un	der 24 H
10A	Male	Whit	e kind of work	WIDOWE	D DIVORCED DIVORCED DIVORCED DIVORCED	4/22/09		1 /-			
don	e during most of	working life, eve	en if retired)						12. CI	TIZEN OF WHAT	COUNT
13.	FATHER'S NAM	WE		Pa	enty Pride			aryland		USA	
	Thomas	-				Sally (ME			
5. 1	Was Deceased	Ever in 11 S	Armed Fore	:05?	1 6. SOCIAL					10	
1162	ing of Unknown)	Ill yes, give	wor or dote:	of service	SECURITY NO.	17. INFORMANT	spital	Records		ADDRESS	
1	18. / A	6/8/52	- 10/.	19/45	219-03-1731 CAUSE OF DEAT	3900 Lo	ch Rave	en Boulevar	d, Bal	Lto., Md	2121
	100	E OR COND	ITION DIE	ECTIV	CAUSE OF DEA	н				APPROXIMATE	INTERVAL AND GEA
		LEADING TO	HTA3D C		AND THE CA	er Carci	noma o	f the lung		4	
	(This does no heart failure,	al meon the	mode of	dying, e.g	(A) IMMEDIATE CA DUE TO, OR AS	A CONSEQUENCE	OF:	or one rung		months	
	injusy as cam	plication whi	ch caused	death.)	z.,						
1		NTECEDENT			(p)						
	DISEASES O	R CONDITIO	ONS, il o	ny, givin	DUE TO, OR AS	A CONSEQUENCE	OF:	*****************			
	UNDERLYING	CONDITIO	N last.	sidiling to	(c)						
Z		11									
=	OTHER SIGNIFIC	BUT NOTRE	LATED TO TH	E TERMINAL							
	DISEASE OR CO	NOTION GIV	198 COND) (A).	WHICH OPERATION	20A. AUTOPSY	2 (Yas as Na	208 15 456 1450			
2	2		WAS PERFO	RMED	WINGIN OF EXAMOR	YE		IN CERTIFYING C	FINDINGS AUSES OF	CONSIDERED DEATH?	
0	21A. ACCIDENT			21	B. PLACE OF INJURY (e.g.,	n or about 21C WH	EDE DID	(If In Boltime	ore City, gly	re exoct location)	
الخ	DEATH (notity	medical exami	iner)	etc	me, form, foctory, street, o	ice pidg. INJURY	OCCUR?				
□ /	OF INJURY	(Month) (Do	y) (Yeoi)	(Hour) 21	INJURY OCCURRED	2) F. HO	ULNI DID W	JRY OCCUR?			-
	(APPROX.)			W	hile At Not White	· 🗆 –					
2	22. I certify t	hot (1) (this	hospital)		the deceased from N	ovember 16	th 1	9 70 to No	rember	27th 19	. 70
1	that () (we) !	ast saw the	deceased	olive on.	November 2	7th 19 70		11			
-	ond haur ond	from the co	uses state	d above.	A) (We) (did) (A) (di) v	lew the hady aft	on donah	it In(iny) (our) op	inion deo	th occurred on	the dat
2	3A. SIGNATUR	1	May well the state of the state	1	11	Tow The Body dit	er deutn.		23 B. DA1	E SIGNED	
		Tarke	5-1	Se A	Dhu	nding Med	l. ctar	Staff X			
2	NAME HY	r's nel	-		DE OWEE	3D. ADDRESS				30/70	
	11	JACK	I STER	N, M.D				ch Raven B		0	
IA.	REMOVAL (Sp	ATION 1248	DATE		AME of CEMETERY of CRE	MATORY	24D. LO	re, Marylar	ity, town, o	D county)	(Stote)
13	Burial	1	12/1/17	70 Ne	w Cathedral C			ltimore, Ma			
5A.	DATE REC'D	Y HEALTH D	EPT. 2	SB. NAME	OF REGISTRAR		DIRECTOR	TOTINOLA PLA	7 - 01210	ADDRESS	
ď	EFC.	43° KS	Q2 h	22	2 40	John A.	Moran.	Inc. 3000	E. Ba	1timore	
_		-	THE RESERVE TO SERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAME					2.00		st	•

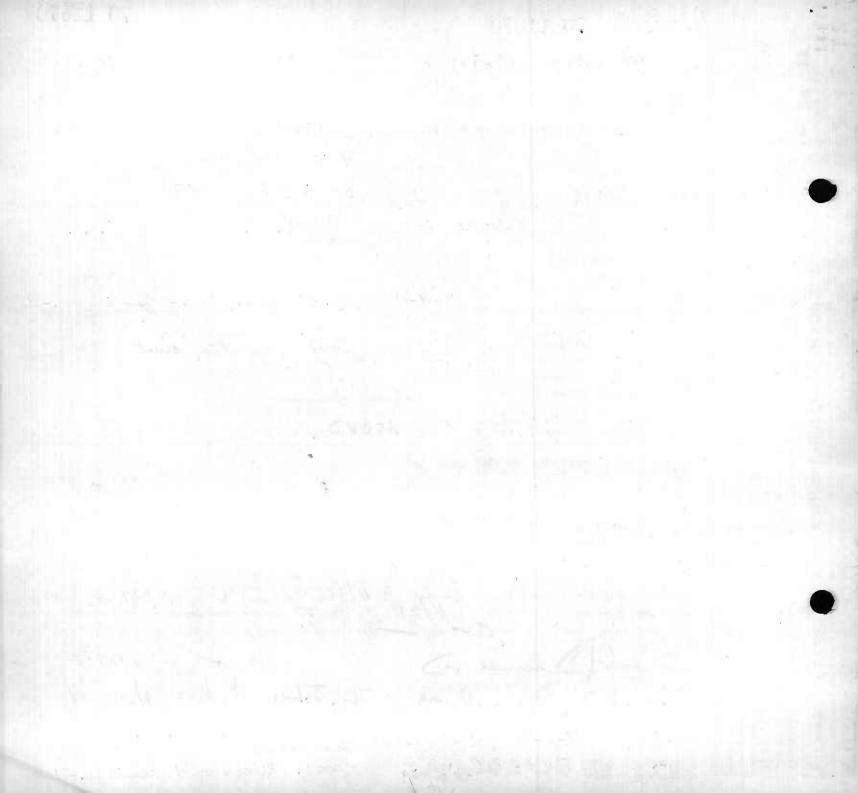


R-16	77	11000	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	70	11668	CERTIFICA	TE OF DEATH	REG. NO	70 11668
I. NAME OF D	ECEASED					
(Type or Print)	BROWN, George	TATO			NO HOUR OF DEATH	
3. PLACE IN B	ALTIMORE, MARYLAND, V	EI	UNIACO DEAG		29-70	8:00 P
or react in b	ATTIMORE MARIEAND, Y	MEKE PRONO	UNCED DEAD	A. STATE B. COUN	me deceased lived. If i	nstitution: residence before admission
FULL NAME O	F (IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland		75-211
HOSPITAL OR				C, CITY OR TOWN	In INC	SIDE CITY LIMITS?
	Veterans Admin			Baltimore 212		
) > :	3900 Loch Rave	n Boule	vard	E. STREET AND NUMBER	223	YES NO
×01	Baltimore, Mar	vland 2	1218		dan J.	
5. SEX	6. RACE			3828 Second S		
Male	White	WIDOWED	NEVER MARRIED DIVORCED	1-3-1 2	9. AGE (In years last birthday)	Months Doys Hours Min.
IOA. USUAL OC	CUPATION (Give kind of world			11. BIRTHPLACE (State or fore		
done during most o	of working life, even if retired)	1		THE BUILDING CE (2:016 OF 1016	ign country)	12. CITIZEN OF WHAT COUNTR
Chauffe		Taxica	ab co.	Baltimore, Md		U.S.A.
3. FATHER'S N.	AME			14. MOTHER'S MAIDEN NA	ME	
George	Brown			Lillian McCubb		
	ed Ever in U. S. Armed Form) (If yes, give wor or dote	Cos?	1 6. SOCIAL			ADDRESS
			SECURITY NO.	VA Hospital	necords	
Yes	5/14/45 - 13	2/1//45	216-10-0456	3900 Loch R	aven Blvd.,	Balto., Md 21218
18. 16	21/		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISE	ASE OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEAT
	LEADING TO DEATH		(A) IMMEDIATE CAU	SE Cardio-respin	ratory fails	ure uncertain
heart failure	nat mean the made of , asthenia, etc. It means	dying, e.g.,	DUE TO, OR AS	CONSEQUENCE OF:		
injury or co	implication which caused	death.)				
	ANTECEDENT CAUSES		Comein	0 7		
DISEASES			(B) Carcin	oma of lung with	n brain met	astesis
rise la 1	OR CONDITIONS, if the above cause (A)	stating the	DUE 10, OK AS	A CONSEQUENCE OF:		
UNDERLYIN	IG CONDITION last.	oraling into	(c)			
-	11					
OTHER SIGN	IFICANT CONDITIONS COI	ATRIBITING				
TO THE DEA	TH BUT NOT RELATED TO TH	E TERMINAL	Hemip	legia right, ole	d.	
OTHER SIGN TO THE DEA DISEASE OR 19A. DATE O	F OPERATION 198 CON	I (A).		20A. AUTOPSY? (Yes or No.		
	WAS PERF	ORMED	THICH OFEIGHOR		IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCID	ENT WAS HADERING	lava	N	NO		
OR CONTROL	ENT WAS UNDERLYING THE	hom	e, form, foctory, street, of	or obout 21 C. WHERE DID	(If In Boltimor	e City, give exoct locotion)
	y medical examined	elc.)		2A		
21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
(APPROX.)		Whi	le At Not While			
		Wor				
22. I certif	y that XX(this hospital)	attended th	e deceosed from No	vember 27. 1	9 70 to Nov	ember 29. 19 70
that 🗱 (we) last saw the decease	d alive on	November 29.	19 70 and the	et to (NA) (our) only	nian death accurred on the dat
and hour or	d from the course state	ed above we	K/M*/ (TiT) Americans	ew the body after death.	- in thinks (only obt)	soom occorred on the dat
23A. SIGNAL	URE	ed doove.	(ma) (ata) (a/a/10f) A)	ew the body after death.		
	, /	1	Fig. 1			23 R DATE SIGNED
	mad Ho	ofer	DEGREE Phys.	ding Med.	Staff Phys.	11/30/70
23C. PHYSICI NAME (AN'S		DCOREE	20 455555		
"AME !	DONALD H.	HOOKER	M.D.		ch Raven Bo	
4A. BURIAL CP			DEGREE		re, Marylan	
	EMATION, 248, DATE		ME of CEMETERY of CRE			ly, town, or county) (Stote)
Burial	12/3/7	O Ce	dar Hill Ce	metery Ann	e Arundel	Co., Maryland
SA. DATE REC'I		25B NAME O		25C. FUNERAL DIRECTOR		ADDRESS
DFC9	1911 Robert	E. Warber	MA !	Walters Fun	eral Home	Pratt&Stricker
	/68					Streets 21223



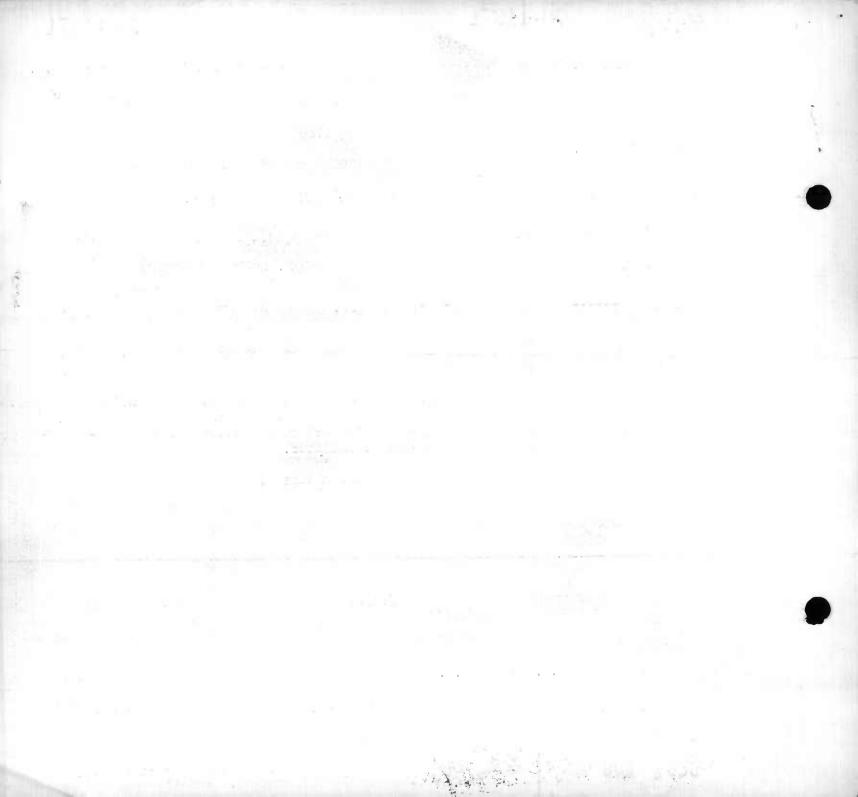
	7	0 110	559	BALTIMORE CITY HE	ALTH DEPAI	RTMENT			Marie	
1-225	77	MED	ICAL	EXAMINER'S	FRTIFIC	CATE OF	DEAT	Н	70 1	11669
BIRTH NO.						0, 112 01		H REG. NO.		
I. NAME OF	DECEASED VI	ADYSLAV	()		2. DATE	Knawn 32	Month	Doy	Year	Hour
(Type or Print)	Wa1	ter Cho	jnows	ki	OF DEATH	Estimated	11	30	70	12:30p M
4. PLACE IN	BALTIMORE, M.	ARYLAND, W	HERE PRO	ONOUNCED DEAD	3. DATE		Month	Day	Year	Hour
FULL NAME OF	(IF NO	T IN HOSPITA	LOR INSTI	TUTION, GIVE STREET	PRONOI	UNCED DEAD	11	30	70	112:30 p.
OR INSTITUTIO	N					ESIDENCE (Where	deceased it		: residence b	efare admission)
01	0	1518 Ch	erry	St.	A. STATE Md.			B. COUNTY	25	-05
6. SEX	7. RACE		8. MARRI	ED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	
male	Whi	te	WIDOW	ED DIVORCED	Balt	to.		Y	ES 🗆	ио 🗆
9. DATE OF B	IRTH	10.AGE (In	veors	If Under 1 Yr. II Under 24 Hrs.	E. STREET	AND NUMBER				
3/ /18	80	last birthda	"	Manths Days Hours Min.	1 1 1 1	1518 Cherr	v St.			
71	E(State or torel			2. CITIZEN OF	13. FATHER		, , ,			
Po	land			WHAT COUNTRY?	Unkne	7.779				
14A.USUAL OC	CUPATION (GI	ve kind at work	14B. KIND	OF BUSINESS OR INDUSTR	15. MOTHE	R'S MAIDEN NA	ME			
dane during mos	t of working lile, e	ven Ifretired)								
Retired	ASED EVER IN	U.S. ARMED		R O RR	Unkn			A	DDRESS	
(Yes, no or unkno	wn) (If yes, give	wor or dates	of service)	SECURITY NO.			416	Elmtre		
NO. 119.	1 43 0			CAUSE OF DEA	Famil	<u>.y</u> <u>1</u>	цто	ETHIOT 6		PROXIMATE INTERVAL
14/	2,4					tic cardio		am diaa		EEN ONSET AND DEAT
DISI	ASE OR CON		CTLY	ALLELIC	SCIELO	Lie Caruic	vaacui	at utse	ase	
(This doe	LEADING To		lna. e.a	(A)IMMEDIATE	AS A CONSEQ	UELIGE OF				
heart lai	es not meon the lure, asthenia, ét camplication wh	c. It means the	disease,	DUE 10, OK	43 A CONSEQ	DENCE OF				
	compilearian wit	icii caaaaa ga	,,,,,							
	ANTECEDENT			(8)(8)	45 4 60440-					
RISE TO	ES OR CONDIT THE ABOVE CA LYING CONDIT	IONS, IF ANY LUSE (A) STAT	GIVING	(B) DUE TO, OR	AS A CONSE	QUENCE OF:				
Z UNDER	LYING CONDI	TION LÁST.		(c)						
OTHER S TO THE DISEASE		11								
OTHER S	IGNIFICANT CO	NDITIONS CO	NTRIBUTI	ING						
DISEASE	ORCONDITION	GIVEN IN PA	ART I (A)-							
置 20A. DATE	OF OPERATIO	N 208. CO	ADITION F	OR WHICH OPERATION W	AS PERFORM	NED			1	PSY? (Yes or No)
.1/										no
	TERNAL CAUSE		2	28.PLACE OF INJURY (e.g., nome, farm, lactory, street, office	tn or obout 2	2C. WHERE DID	(II In Baltima	re City, give exc	ect location)	
DING D	NG DOR CON		ľ	ionic, rating factory, should only	e bidgi, elea) ii	OCKI OCCOM				
≥ 22D. TIMI OF INJUR	(Month) (Day) (Year) (Hour	22E.INJURY OCCURRED	2	2F. HOW DID IN	JURY OCC	JR?		
(APPROX.)				M. WHILE AT WORK AT V	WHILE ORK					
23.										
	ertify that i			Inspection X Au	topsy 🗌	ond that on t	his basis,	death in my	opinion	
re	sulted from: 1	Notural cau	ses 🗚	Accident Suici	le 🗌 He	omicide 🔲	Undetermi	ned monner		
		-1	110	1011		CHIEF MEDICAL I	EXAMINER			
		$\times 11$	K	V VULLED M.C	ASSI	STANT MEDICAL	EXAMINER			DATE SIGNED
ACTU					• •			-		
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FUNERAL DIRECTOR: IMPORTANT

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(Type or Print)	HARRY S.				day Nov. 30,	
3. PLACE IN B	ALTIMORE MARYLA	ND, WHERE PR	ONO UN CED DEAD	4. USUAL RESIDENCE (WHA, STATE	ere deceased lived. If i	nstitution: residence before admissi
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FULL NAME OF HOSPITAL OR	ADDRESS OF	R LOCATION!	TO THE STALL	C. CITY OR TOWN	V	SIDE CITY LIMITS?
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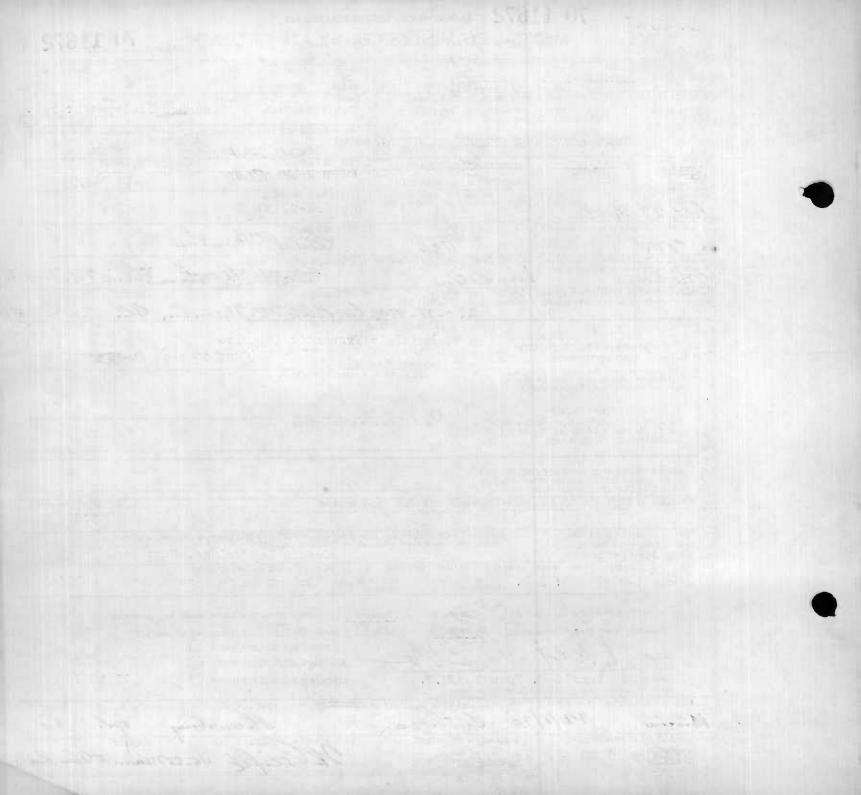
25B. NAME OF REGISTRAR

Terecestere 25C. FUNERAL DIRECTOR

ADDRESS

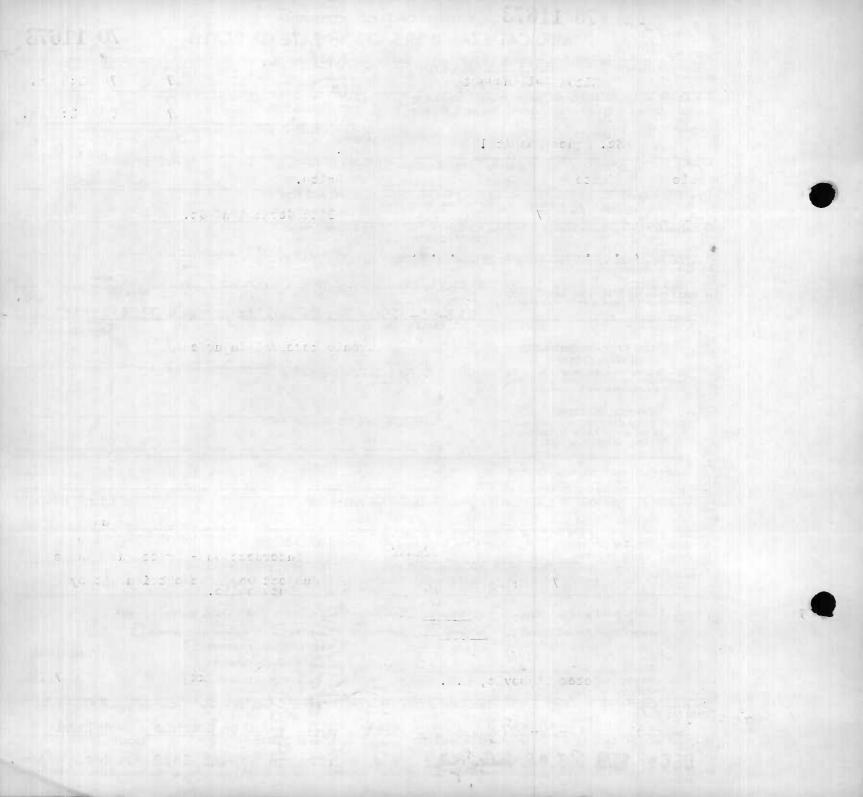
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	Buria A. DATE REC'D		11-30		×	Cedar Hil		FUNERAL DIREC	Glen B		Mary	land
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VS	151-REV. 1/1/6	BV	8 5	cafee (, y							



VS 150-REV. 1/1/68

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I-0/2/ 70	11675 BALTIMORE CIT	Y HEALTH DEPARTMENT	m	70 11675
BIRTH NO.	CERTIFICA	ATE OF DEATH	REG. NO.	0 11019
I. NAME OF DECEASED	200	2. DATE AN	ID HOUR OF DEATH	
(Type or Print) GILBERT	FRAR		3/70	. 0 -
3. PLACE IN BALTIMORE MARYLAND, W		4. USUAL RESIDENCE (When		19cm
The state of the s	MERE PRONOUNCED DEAD	A. STATE B. COUN	TY	ion: residence before admissi
FULL NAME OF UF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	11/23/7	1 - mil	- 23-01
HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN	0	
0	,	C.CITOKIOWN	D. INSIDE C	_/
In the Balt	4.	Balle	YES	NO [
worth water	Venue	E. STREET AND NUMBER		
		1030 Jans	-11 11	
5. SEX 6. RACE	7. MARRIED NEVER MARRIED			
m m N			9. AGE (in years If lest birthday) Mo	Under 1 Yr. If Under 24 H nths: Days Hours Min.
11/	WIDOWED DIVORCED	18/2	THE THE	
IOA. USUAL OCCUPATION (Give kind of work	108 KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or lore	gn country) 12.	CITIZEN OF WHAT COUNT
dane during most of working life, even if retired)		1 0		4 0 0
CRE		10-6		450
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	7-63
5. Was Deceased Ever in U. S. Armed Fere Yes, no or unknown) (If yes, give wor or date:		17. INFORMANT		ADDRESS
sesting of during mit hes' dias mot of gole:	of service) SECURITY NO.	200	1	
		Illian Cor	1 1030 JA	more 1 M
18. 4 / 1	CAUSE OF DEA	TH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIR	ECTLY			BETWEEN ONSET AND DEA
LEADING TO DEATH	COLL	4.		
IThis does not mean the made at	(A) IMMEDIATE CA		INFAMERION	MINUTS.
heert failure, asthenia, etc. 11 means	the disease DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
injury or complication which caused	death.)			
ANTECEDENT CAUSES			3	46
	(B) H+ Pelicos	ACONSEQUENCE OF:	la User	gean.
DISEASES OR CONDITIONS, If	ny, giving DUE TO, OR A	A CONSEQUENCE OF:		
rise le the above cause (A) UNDERLYING CONDITION Jest,	stating the	west Reliniverson	-1.	121 11
CHERCING CONDITION IEST	(c)	INGECT I GLININGOVA	7//	Months.
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OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION STORM TO THE DESCRIPTION OF THE DESC	E TEDMINIAT			
194 DATE OF OPERATION 198 COND	ITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208 15 750 11155	
WAS PERF	DRMED	The street	10 CERTIFTING CAUSES	NGS CONSIDERED OF DEATH?
On continuous Signature	218 PLACE OF INJURY (e.g.,	n or about 21 C. WHERE DID	(If in Boltimore City,	give exact location)
DEATH (netify medical examiner)	heme, farm, fectory, street, e	thee bidg. INJURY OCCUR?		
OF CONTRIBUTING CAUSE OF DEATH (nefify medicol exominer) 21 D. TIME (Month) (Doy) (Year) OF INJURY	(Hour 21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
[APPROX.)	While At Not Whi	• —		
	Work L At Work			
22. I certify that (I) (this hospital)	attended the deceased from	September 1	978 to Detale.	10 70
that (1) (we) last saw the deceased		***************************************	· delicera · · · · · · · · · · · · · · · · · · ·	
			it in (my) (our) apinian	death occurred an the do
and hour and from the causes state	d abave (() (We) (didi (did nat)	riew the hody after death.		
23A. SIONATURE		The Body dilot deaths		
	2440	/.		DATE SIGNED
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NAME (Type)	The second second			
and the second second	The second second			
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REMOVAL (Specify)	The second second second	240, 60	CATION (City, tew	
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- WWW PIZXII	O Carle mi	Paly	on-	or county) (Stote)
	O Carven Mu	Park Voc	mel mo	
	Carler Mu 25 R. NAME OF REGISTRAR	250 FUNERAL DIRECTOR	123 W	ADDRESS
	25 Carley Mi 25 L. NAME OF REGISTRAR E. Salsey, M.D.	250 FUNERAL DIRECTOR	JAn mont	

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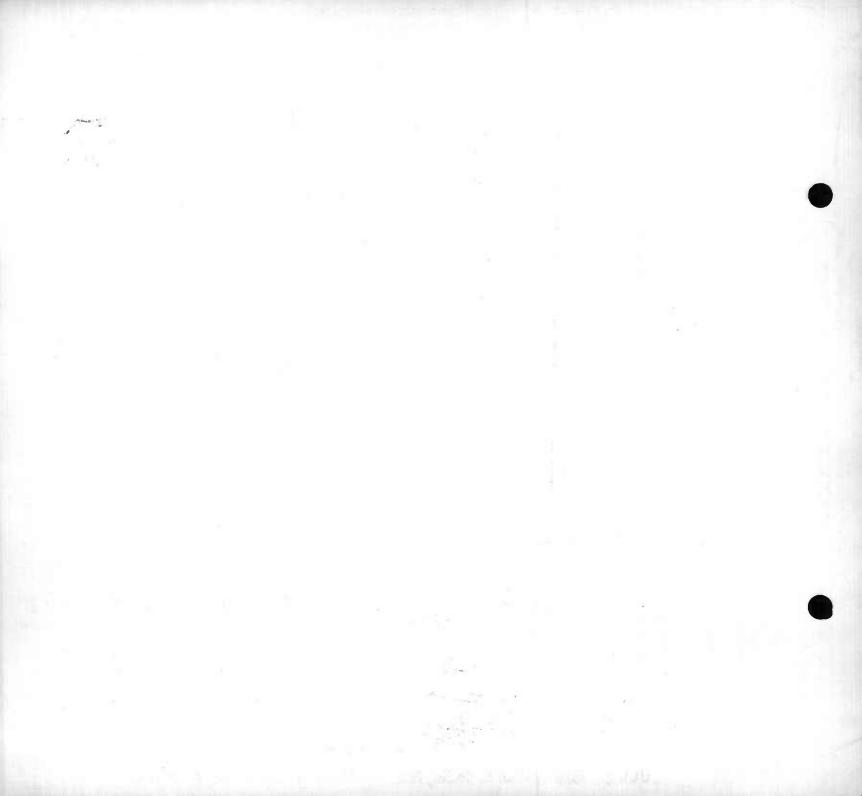
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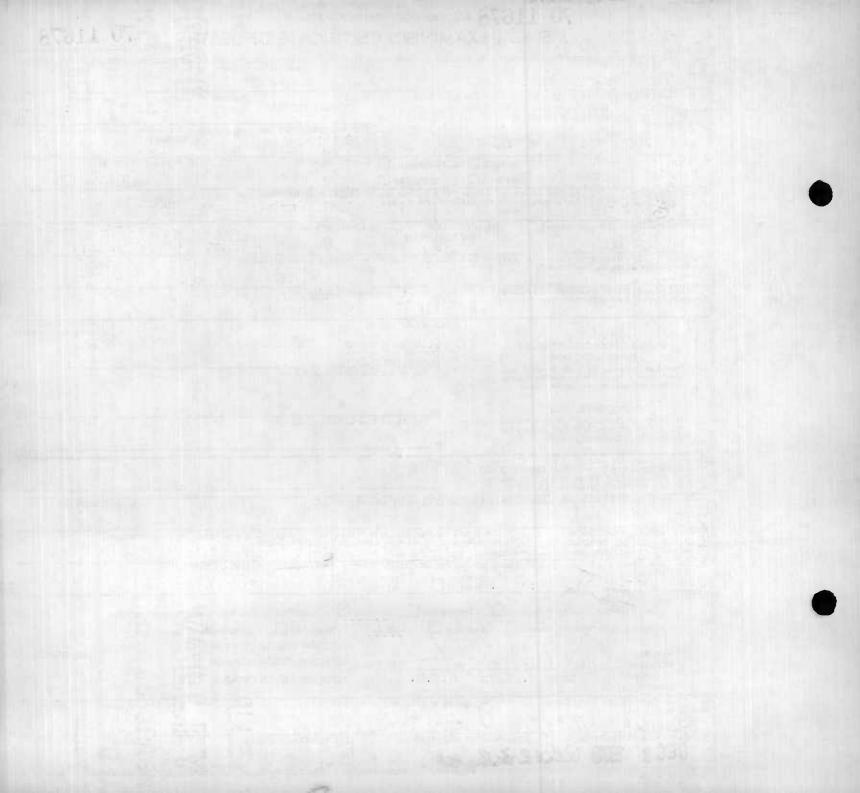
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DIRTH NO.40)	TT01/P	CERTIFICA	ATE OF DEATH	REG. NO	70 11676
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3. PLACE IN BAI	LTIMORE, MARYLAND,	WHERE PRONOU	INCED DEAD	4. USUAL RESIDENCE (W A. STATE B. COL		institution: residence before od
FULL NAME OF	UE NOT IN HOSE	PITAL OR INSTITU	JTION, GIVE STREET	Maryland		2-11
HOSPITAL OR	ADDRESS OR LO	CATION)	THOM, GIVE STREET	C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
7 7				Baltimore		YES NO
JOATON	ns Hopkins	Hognits	2]	E. STREET AND NUMBER		
0 011	no nopariis	HOSPIC	**	400 S. Was	hington St	treet
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under
Female	White	WIDOWED		11/14/03	lost birthdoy)	Months Doys Hours
		-		Y 11. BIRTHPLACE (Stote or fo		12. CITIZEN OF WHAT CO
lone during most of	f working life, even if retired	1)				
Proprie		Dry Cle	eaning	Poland		U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	
Ant	hony Drozd			Unknown		
S. Was Decease	d Ever in U. S. Armed F	Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
res, no or unknown	n) (If yes, give wor or do	otes of service)	17-40-2845	Mr Frank A	Cienials L	Hanover, Md.
-	_				orehrera,	APPROXIMATE INT
18.	(V		CAUSE OF DEA	In		BETWEEN ONSET AN
DISEA	SE OR CONDITION		(//.	n/N/	11	10
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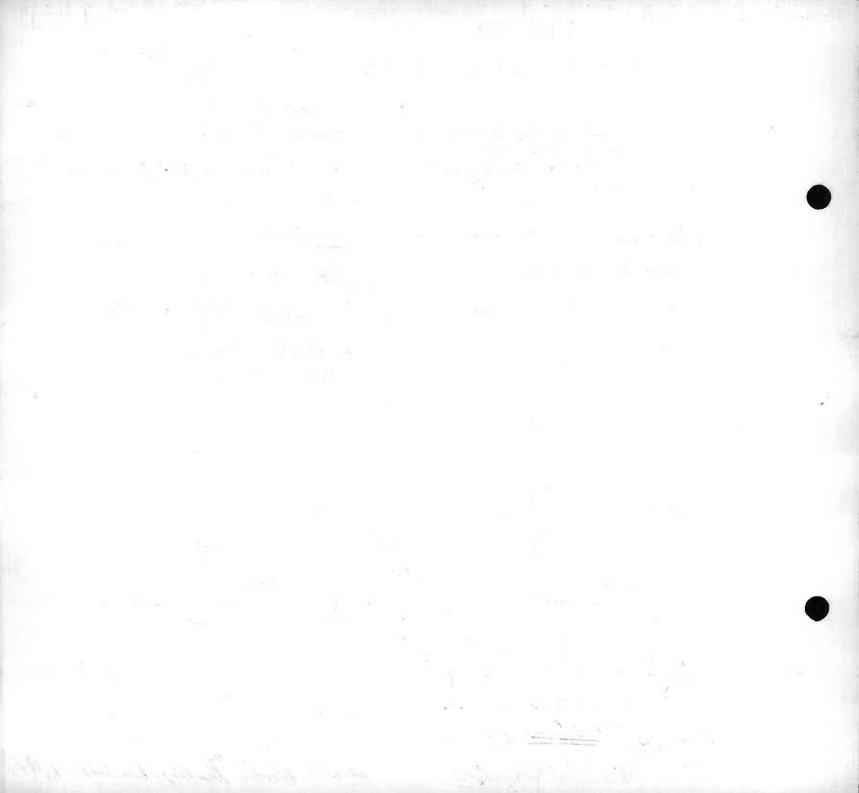


	70 11677	BALTIMORE CITY	HEALTH DEPARTMENT	./	70 44000
	TH NO.	CERTIFICA	TE OF DEATH	REG. NO	70 11677
	pe or Printle Charles Ro	boot Cantwell	2. DATE AN	D HOUR OF DEATH	1 Am.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived If in	stitution: residence before admission
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) IN SITU ION ervice Hasp	C. CITY OR TOWN	11	DE CITY LIMITS? YES TO NO TO	
á	2	crosp.	E. STREET AND NUMBER	5-th St.	NO
5. S	6. RACE 7. MARR		S. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. , If Under 24 Hrs. Months; Doys Hours ; Min.
IOA	. USUAL OCCUPATION (Give kind of work 108, KINI		11. BIRTHPLACE (Stote or fore)	on country	TO CITIZEN OF WILLES COUNTY
don	Steward		Hlinois	gii coninyi	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME Edward Can	itwell	14. MOTHER'S MAIDEN NAM	AE COT	sher -
15. \ (Yes	Nos Deceased Ever in U. S. Armed Forces? ,no or unknown! Uf yes, give wor or dotes of servi	16. SOCIAL SECURITY NO.	17. INFORMANT	ife	ADDRESS
	18. 150 XI	CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		h . 1	2 > 1	BETWEEN ONSET AND DEATH
	(This does not mean the made of dving.	(A) IMMEDIATE CAU	SE PLAGE NOTE	ony ar	vest 14 hr
	heart loilure, asthenia, etc. Il means the diserinjury or camplication which caused death.)	ose,	CONSEQUENCE OF:		
	ANTECEDENT CAUSES	2001	shafeal (3	
	DISEASES OR CONDITIONS, if any, giv	ing DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
	rise to the obove couse (A) stoling UNDERLYING CONDITION tost.	(C)			
TION	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMIN	ie.			***************************************
< 1	DISEASE OR CONDITION GIVEN IN PART I (A).	***************************************	100.0		***************************************
E	WAS PERFORMED		20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CAL	OK CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., In home, form, foctory, street, offi etc.)	or obout 21C, WHERE DID ce bidg., INJURY OCCUR?	(If In Boltimore	City, give exact location)
3 9	21 D. TIME (Month) (Doyl (Yeor) (Hour) DF INJURY (APPROX.)	21E INJURY OCCURRED While At Work Not While At Work	21F. HOW DID INJU	RY OCCUR?	(
2	22. I certify that (1) (this haspital) attende		9/2/	10.	1/26 20
	hat (1) (we) last sow the deceased alive o	1 1	- 6 / - 7 - 2	t In(my) (our) opini	an death occurred an the date
	and hour and fram the causes stated abave			·	death occurred on the date
2	3A. SIGNATURE			haff hys.	23B, DATE SIGNED
3	PHYSICIAN'S NAME (Type)	- Caronia	D. ADDRESS	t C	126/13
24A.	BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF CREA	MATORY 24D. LO	CATION (City,	lown, or county) (Stole)
	Burel 11/30/70 0	Corraine Park	Com. B	of me.	, terdial
25A.	DATE REC'D BY HEALTH DEPT. 258. NAM	E OF REGISTRAR	25C, FUNERAL DIRECTOR	Caro may	ADDRESS
VS 1	DEC 2 1970 Pales	8 E. Faber M.D.	1 Cm 1 Tic	kner + &	m



1	7 11				8 BALTIMORE CITY					mo 4	A COMPTER
1	60	0	MED	DICAL	EXAMINER'S	CERTIF	ICATE O	F DEAT	H REG. NO.	10 1	1678
	NAME OF DE	OF ACED							K20, 110.		
(Ty	pe or Print)		V CIRR	D37		2. DATE OF	Known 🔲	Month	Doy	Yeor	Hour
1	DI ACE INI DA		Y CHER		Mathiasa Bara	DEATH	Estimoted [M.
FU	LL NAME OF				NOUNCED DEAD UTION, GIVE STREET	3. DATE PRON	DUNCED DEAD	Novemb	er 25,19	70 Year	3:05 A.
OF	NOITUTION					5. USUAL A. STATE	RESIDENCE (Whe	re deceased li	ed. If Institution	residence be	elore odmission)
-	SEX J	OHNS HO	PKINS							8	-02
	Female	Negro		WIDOWE	D NEVER MARRIED [C. CITY C	timore		D. INSIDE CIT		
9.	DATE OF BIR	TH	IO.AGE (I	NAOR I	Under 1 Yr. H Under 24 H		AND NUMBER		YE	s D N	10 []
10	2/15/	37	lost birthdo	v) 33 "	lonths Days Hours Mi	196	1 Pearlma	n Place			
n.	BIRTHPLACE	(State or lore)	gn country)	12	L. CITIZEN OF WHAT COUNTRY?	13. FATHE	R'S NAME	101	07/	10	
144	LUSUAL OCCI	UPATION (GI	re kind of work	148. KIND C	OF BUSINESS OR INDUS	RY M. MOTH	ER'S MAIDEN N	AME	Fa	ere	N
don	e during most of	working lile, ev	ren if retired)			.//	ssie	The ist	64		
16. (Ye	WAS DECEAS	SED EVER IN	U.S. ARMED	FORCES?	I7. SOCIAL SECURITY NO.	IB. INFO		0/1	AD	DRESS	0 0
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	F 9	55 X			CAUSE OF DI		C 41 1	6			ROXIMATE INTERVAL EN ONSET AND DEATH
	DISEAS	SE OR COND		CTLY			of Abdome	n			
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	Injury or co	mplication whi	ch caused dec	oth.)							
Н		OR CONDITI		GIVING	(8) DUE TO. O	RAS A CONS	EQUENCE OF:				
	RISE TO TH	OR CONDITI	USE (A) STATION LAST.	ING THE			I GOEIIGE OII				
ě			11		(c)						
CERTIFICATION	OTHER SIGN	NIFICANT COL	NDITIONS CO	ONTRIBUTIN	IG Al						
TIE	DISEASE O	RCONDITION	GIVEN IN PA	ART 1 (A)-	OR WHICH OPERATION	VAC DEDECE	450				
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¥	22A. EXTER	NAL CAUSE	WAS	122	B. PLACE OF INTURVA	In or should	22C WHERE DID	Of to Bold-or	· Clared	yes	
SC	UNDERLYING	G図OR CON	TRIB-	ho	B. PLACE OF INJURY (e., me, form, factory, stree), of	ice bldg., etc.)	NUNRY OCCURS	fit in painmen	e City, give exac	1 location)	
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	OF INJURY	11-25-7			WHILE AT NO	OT WHILE WORK				mound	of abdome:
	23.	11-23-1			WORK AT	WORK E	2611-IIII	IIcrea	gunsnoc	wound	or abdome.
		tify that I h		nquiry [utopsy 🛛			death in my c		
	resul	ted from: N	otural cau	ses 🔲	Accident Sulc		omicide L		ed manner]	
	ACTUAL	X	101	1111	11		CHIEF MEDICAL			D	ATE SIGNED
	SIGNAT		wy	N V		υ,	ISTANT MEDICAL		X	11/	25/70
	NAME (Type)			nblum, M.D.		OCIATE MEDICAL	EXAMINER		11/	23/10
RE	A. BURIAL CRE	MATION, 2	4B. DATE	Ja.	24C. NAME of CEMETER	or CREMAT	ORY 24D	LOCATION	(City, town,	or county)	(Stote)
	Hury	el	11,28,	70	mt Wuk	uskie	meter	151	les of	vd	
25	DEC 9	BY HEALTH			ME OF REGISTRAR	25C.	FUNERAL DIRECT	OR	AD	DRESS	
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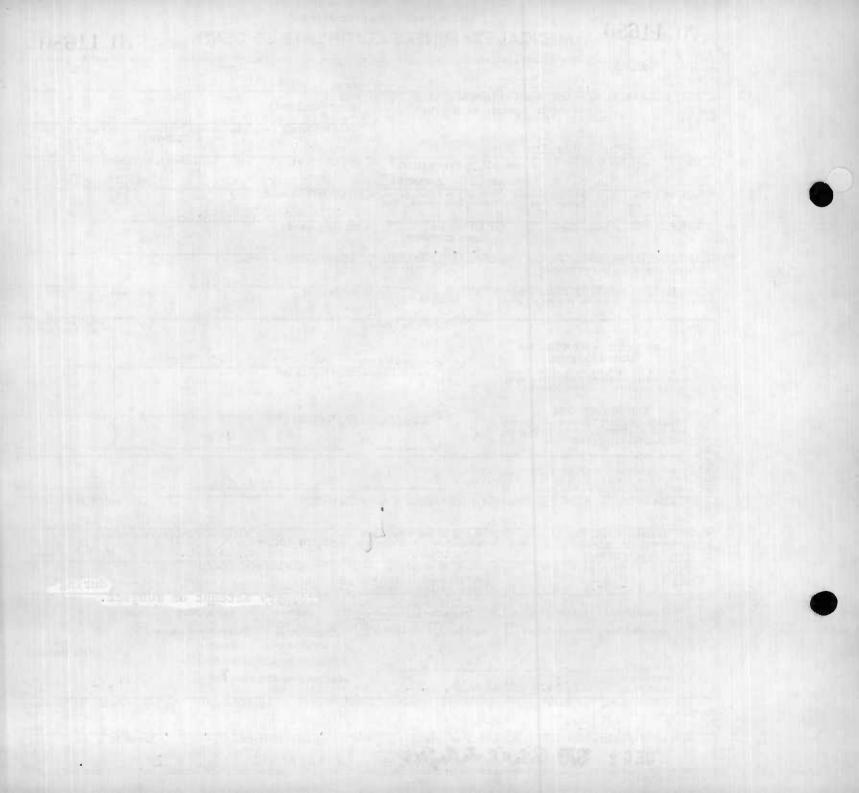




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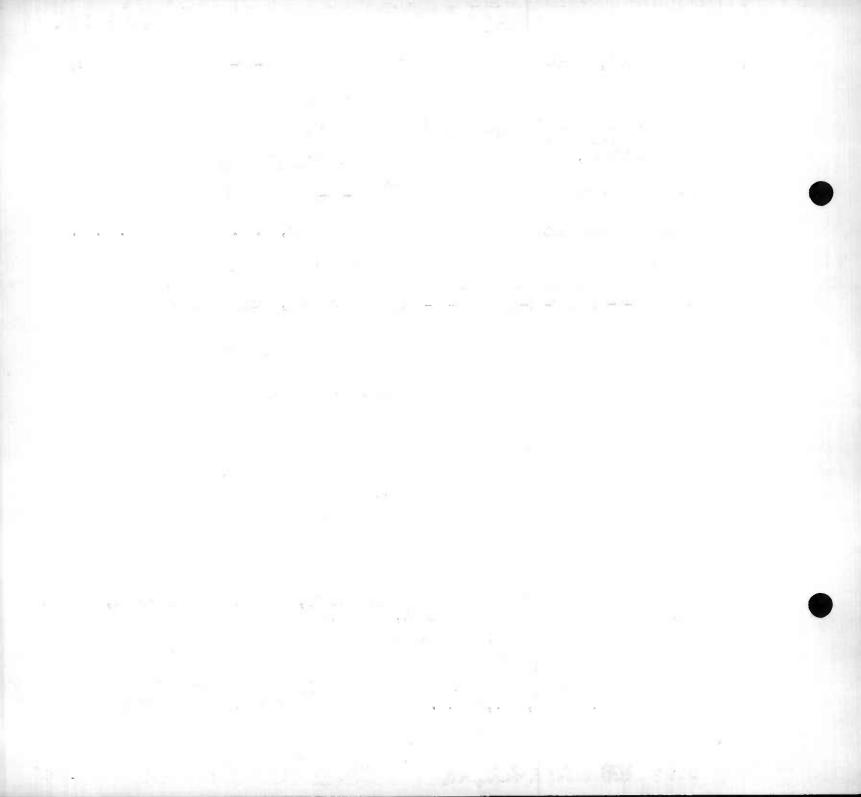
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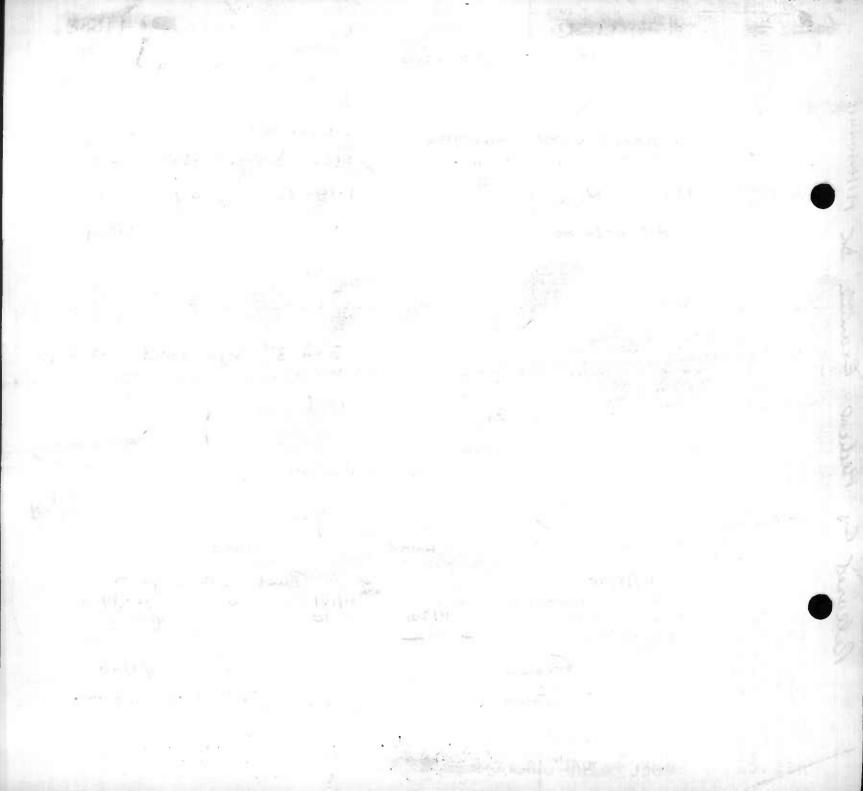
Provident Hospital 6. SEX 7. RACE 8. MARRIED NEVER MARRIED D. INSIDE CITY LIMITS? Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS? B. COUNTY A STATE Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS? DIVORCED Baltimore YES NO 10. AGE (In years last lindoy) Funder 1 Yr. II Under 24 Hrs. Months, Days, Hours, Min. 12-28-12 13. FATHER'S NAME WHAT COUNTRY? Va. 14. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY) Months, Days Hours, Min. 14. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY) MARYLAND 15. MOTHER'S MANE JOSEPH PINN 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or doles of service) NO CAUSE OF DEATH APPROXIMATE INTER CAUSE OF DEATH APPROXIMATE INTER CAUSE OF DEATH	Year Hour 1970 5:55 p M. Vian: residence before admission) Y YES NO ADDRESS
A PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL ADDRESS OR LOCATION) ADDRESS OR LOCATION DIVORCED ADDRESS OR LOCATION DIVORCED ADDRESS OR LOCATION DIVORCED B. COUNTY ADDRESS DIVORCED B. COUNTY D. INSIDE CITY LIMITS? B. STREET AND NUMBER DIVORCED B. STREET AND NUMBER DIVORCED B. STREET AND NUMBER DIVORCED DIVORC	Year Hour 1970 5:55 p M. Ulian: residence before admission) E CITY LIMITS? YES NO APPROXIMATE INTERVAL
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital 6. SEX 7. RACE B. MARRIED DIVORCED DIVORCED DIVORCED DIVORCED Baltimore 9. DATE OF BIRTH 10. AGE (In years Institution) 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? 13. DATE PRONOUNCED DEAD 11. 30. 1970 5:55 5. USUAL RESIDENCE (Where deceased lived, if Institution: residence before admission in the state of the country) 14. O C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES NO 12. CITIZEN OF WHAT COUNTRY? U.S. A. 13. FATHER'S NAME 2024 Mc Culloh St. 14. USUAL OCCUPATION (Give kind of working life, even if refired) 15. MOTHER'S MAIDEN NAME JOSEPH PINN 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or doles of service) DISEASE OR CONDITION DIRECTLY 3. DATE PRONOUNCED DEAD 11. 30. 1970 5:55 5. USUAL RESIDENCE (Where deceased lived, if Institution: residence before admission in the country) C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES NO 15. MOTHER'S NAME JOSEPH PINN ADDRESS APPROXIMATE INTERVIEW ONSET AND	Year Hour 1970 5:55 p m. Ulian: residence before admission) E CITY LIMITS? YES NO ADDRESS APPROXIMATE INTERVAL
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DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	en
(This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
I UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
CC)	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED [21. AUTOPSY? (Yes or	
1 VES	21. AUTOPSY? (Yes or No)
22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY (e.g., In or obout 22C, WHERE DID (II in Baltimore City, give exact location)	
22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout local loc	yes
22D. TIME (Month) (Day) (Year) (Hour) 22E, INJURY OCCURRED 22F. HOW DID INJURY OCCUR?	yes
OF INJURY (APPROX.) 11-18-70 6:40 p m, WHILE AT NOT WHILE Shot by unknown assailant	yes
23. 1 certify that I held an Inquiry I Inspection Autopsy and that on this basis, death in my opinion	yes exact location)
resulted from: Natural causes Accident Suicide Homicide Undetermined manner	yes exact location) / 4
The state of the s	yes exact location) dilant my opinion
CHIEF MEDICAL EXAMINER	yes exact location) / // ailant my opinion
ACCICTANT MEDICAL EYAMINED IXI	yes exact location) / // ailant my opinion
ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	yes exact location) ailant my opinion er DATE SIGNED
ACTUAL DATE SIGNE	yes exact location) ailant my opinion er DATE SIGNED
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Isoldore Mihalakis, M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 12-1-70 24A. BURIAL CREMATION, 1248, DATE 124C, NAME of CEMETERY or CREMATORY 124D, LOCATION (City, lown, or sounty) (Stote)	yes exact location) ailant my opinion or DATE SIGNED
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Is Idore Mihalakis, M.D. ASSISTANT MEDICAL EXAMINER 12-1-70 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, lown, or county) (State)	yes exact location) ailant my opinion or DATE SIGNED
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Isoldore Mihalakis, M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 12-1-70 24A. BURIAL CREMATION, 1248, DATE 124C, NAME of CEMETERY or CREMATORY 124D, LOCATION (City, lown, or sounty) (Stote)	yes exact location) ailant my opinion er DATE SIGNED 12-1-70 lown, or county) (State)



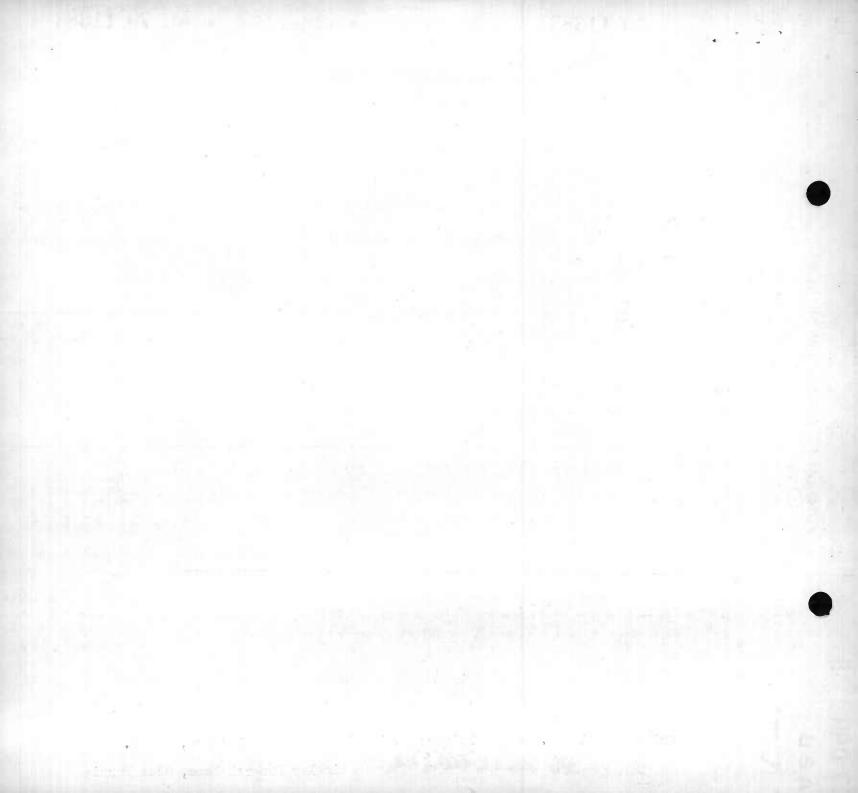
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

0-4	11	44004	BALTIMORE CITY	HEALTH DEPARTMENT		70 116	04
BIRTH NO.	6 70	11681	CERTIFICA	TE OF DEATH	REG. NO	10 710	OK
(Type or Print)	CEASED OLIVER, Sammie	Lee			AND HOUR OF DEATH		10 P.,
	ALTIMORE, MARYLAND, W		UNCED DEAD	4. USUAL RESIDENCE (WI	ere deceased lived. Il i		
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland		15-0	19
	Veterans Admin	istrati	on Hospital	C.CITY OR TOWN Baltimore	D. INS	SIDE CITY LIMITS? YES \tag{\tag{\tag{No.}}}	
and I would	3900 Loch Rave			E. STREET AND NUMBER		152 [] 140	, L.J
	Baltimore, Mar	yland 2	1218	2802 Ladden	Avenue		
5. SEX	6. RACE	1	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years lost bighday)	II Under 1 Yr. II Months: Doys Ho	Under 24 Hrs.
Male	Negro	WIDOWED		8-20-30	4.0		
done during most of	of working life, even if retired)	GIOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lo	7.7	12. CITIZEN OF WI	AAT COUNTRY
	Lot Attendant	,		Summerton, S	. C.	U. S. A	•
13. FATHER'S NA				14. MOTHER'S MAIDEN NA	AME		
Bill Jon				Amanda (lever		
15. Was Decease (Yes, no or unknow	ed Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT VA HO	spital Recor	ds ADDRESS	
Yes	2-8-51 to 2-		249-44-5574	Baltimore, M			
(This does	ASE OR CONDITION DIS LEADING TO DEATH not mean the mode of a asthenio, etc. Il means	dying, e.g.,	(A) IMMEDIATE CAU	CHRONIC REA	VAL FAILURE		ATE INTERVAL
injury at ca	implication which caused ANTECEDENT CAUSES	death.)	DT	ABETES MELLITUS	*		
DISEASES	OR CONDITIONS, it	onv. divina	(B) DUE TO, OR AS	A CONSEQUENCE OF:) 		
rise to I	he obove cause (A) IG CONDITION last,	stoling the	(c)				
	11						*************
TO THE DEA	IFICANT CONDITIONS COL ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART	IE TERMINAL	***************************************	***************************************		*****	
19A. DATE O	F OPERATION 198 CON	DITION FOR Y	VHICH OPERATION	20A- AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDER	ED
OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF y medical examined	21 B. hometc.)	e. larm, tactory, street, oil	or obout 21 C. WHERE DID	(If In Boltimo	re City, give exoct loco	tion)
21D. TIME OF INJURY (APPROX)	(Month) (Doy) (Year)		INJURY OCCURRED le At Not White At Work	21F. HOW DID IN	JURY OCCUR?		
22. I certif	y that 狐) (this hospital	attended th	ne deceased from No	wember 23.	19 70 to Nove	ember 27.	19_70_
that Of (we) lost sow the decease	d offve on	November 27,	19_70 and t	hot (n () (our) op!	•	
and hour ar	nd from the couses stat	ed abave. (#	(We) (dɪd) (d)(라마) vi	ew the body after death.			
23A. SIGNAT	URE AL.	N to	01			238, DATE SIGNED	
	W. Whan	4. 170r	bou, On, DEGREE Phys.	ding Med. Director	Staff Phys.		
PHYSICI NAME (AN'S Type)	of The			och Raven Bo ore, Marylan		
24A. BURIAL CR		24C. NA	ME of CEMETERY OF CRE			ity, town, or county)	(Stotel
Buri	13pecity) 14/7	0 m	t Telva	m - B	1 wellyn	A. A. Co.	Md
DEA -	HEALTH DEPT.	25B NAME O	F REGISTRAR	250 FUNERAL DIRECTO	E M	ADDRE:	1
DEC 9		E Jal	w KA	Munell.	5. Wden-	Salle	2301



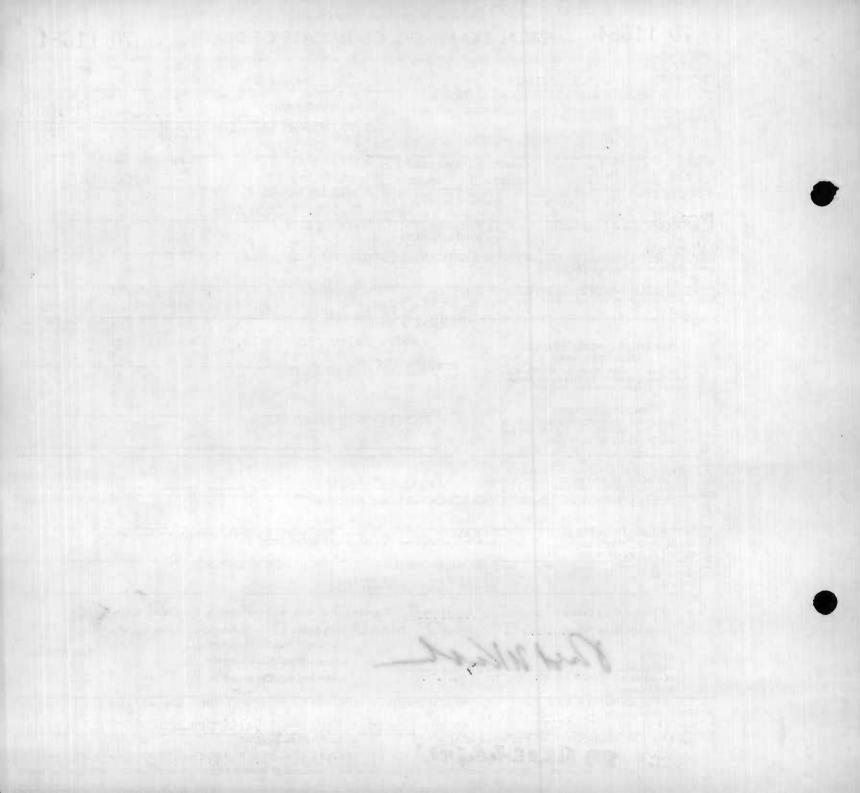


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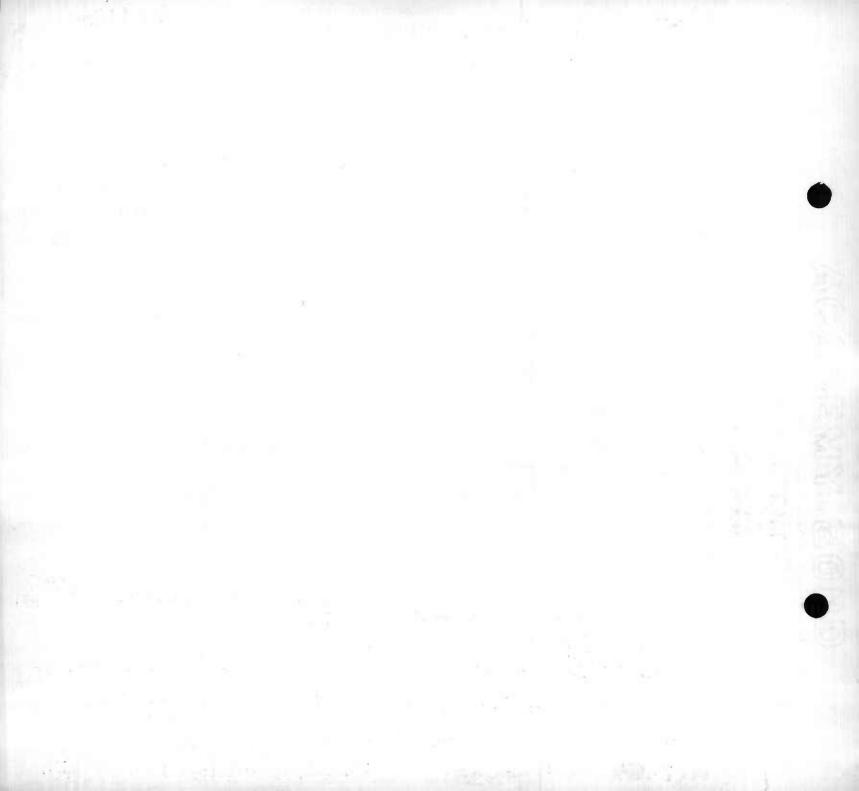


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	_ 3
1	200
	200

70 11684 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH PEG NO. 70 11684
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Day Year Hour
MILLIAM TEMIS	DEATH Estimoted M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour PRONOUNCED DEAD November 20 1070
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD November 29,1970 12:20 A _A . 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before odmission)
1323 N. Fulton Avenue	A. STATE Maryland B. COUNTY /5-02
6. SEX 7. RACE 8. MARRIED NEVER MARRIED 1	D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES NO
9. DATE OF BIRTH 10. AGE (in yeors If Under 1 Yr. If Under 24 Hrs. Months a Days Hours Min.	E. STREET AND NUMBER 1323 N. Fulton Avenue
March 31 1895 75	13. FATHER'S NAME
WHAT COUNTRY?	
Virginia USA 1.44.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTR	Samuel Lewis
done during most of working life, even if refired)	
Cook 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Missourri ?
(Yes, no or unknown)((I) yes, give wor or doles of service) SECURITY NO.	1222 Nouth Fulton Avenue
No 218-10-7994A	
19. 4-1 CAUSE OF DEA	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arteri	losclerotic cardiovascular disease
LEADING TO DEATH (A)IMMEDIATE	CAUSE
This does not mean the mode of dylng, e.g.,	AS A CONSEQUENCE OF:
heart lollure, osthenio, etc. It means the disease, injury or complication which coused death.)	
RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:
<u> </u>	
▼ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	rinary Retention
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21, AUTOPSY? (Yes or No)
O O	no
☐ UTING ☐ CAUSE OF DEATH.	., in or obout 22C, WHERE DID (if in Boltimore City, give exact location) ice bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(ADDROV) WHILE AI CO NO	WORK
23.	
I certify that I held an Inquiry Inspection X A	utopsy and that on this basis, death in my opinion
resulted from: Natural causes 🗵 Accident 🗌 Suici	de Homicide Undetermined manner
V 1 10.1/.	CHIEF MEDICAL EXAMINER
SIGNATURE July William M.	ASSISTANT MEDICAL EXAMINER 🗵 DATE SIGNED
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 11/29/70
NAME (Type)	\
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	f or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 12/3/70 Arbutus memo	rial Park Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
CO WAR Palent E. Jaken 48	
SEC 5 MAI CORPORA CONTRACTOR	Arlington S. Phillips 1727 North Monroe St
VS 151-REV. 1/1/68	

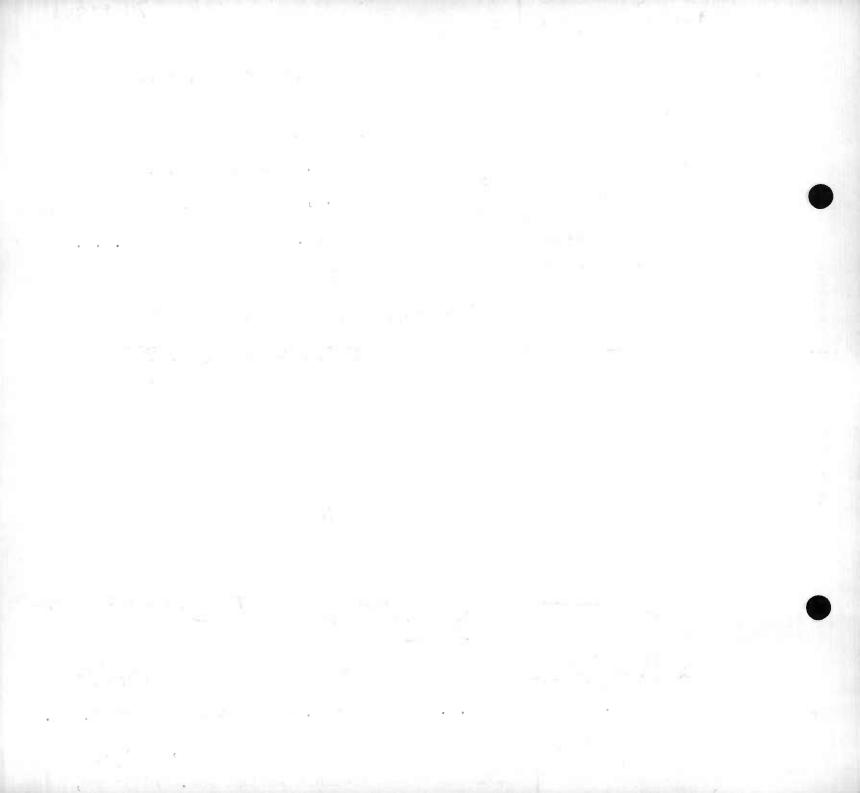






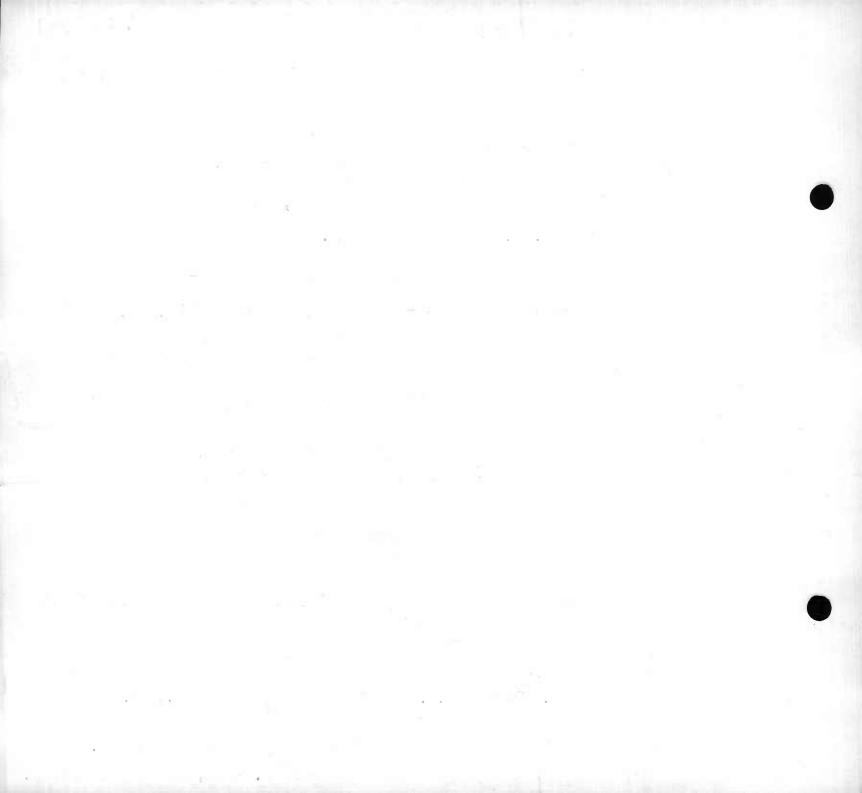
BIRTH NO.	70	11687		HEALTH DEPARTMENT	REG. NO	70 11687
1. NAME OF DECE	ASED T CO A	N. 1.	200110	2. DATE	AND HOUR OF DEAT	1 -
	TYRAR	rick	HULIC	-15 11	-29-70	10,350,
3. PLACE IN BALT	IMORE, MARYLAND, Y	VHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUT	ON. GIVE STREET	Md.	/	27-19
HOSPITAL OR	ADDRESS OR LOC	ATIONI	ord order	C. CITY OR TOWN	In IN	ISIDE CITY LIMITS?
				Baltimore	2	YES X NO
// Sir	nai Hospita	al		E. STREET AND NUMBER		11.5 [23]
40				5713 Winner	Ave.	
	6. RACE	7- MARRIED 3	NEVER MARRIED	8. DATE/OF ARTH 1 77	9. AGE (In years	II Under 1 Yr. , If Under 24 Hrs
101	W •	WIDOWED	DIVORCED	**************************************	lost birthday)	Manths Doys Hours Min.
A. USUAL OCCU	PATION (Give kind of work		USINESS OR INDUSTRY	11. BIRTHPLACE (Stota or Id	53	12. CITIZEN OF WHAT COUNTR
Carpente	erking life, even if relified)			Mass.	reigh Country	USA688
FATHER'S NAM	E			14. MOTHER'S MAIDEN N	AME	
Ac	dolph Kulid	ck		Amelia A	sman	
	Ever in U. S. Armed Far Of yes, give wer ar date		- SOCIAL	17. INFORMANT		ADDRESS
			SECURITY NO.		1 777 2 1-	
yes	WW 2		86-05-2943		AULICK S	ame
18. 250			CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	OR CONDITION DI	RECTLY		n		S :
	I mean the made of	duina a -	(A) IMMEDIATE CAU		MI	hours
hearl failure, a	shenia, elc. Il means	the disease	DUE TO, OR AS	CONSEQUENCE OF:		
	licalian which caused					1 .
	NTECEDENT CAUSES		101 A-SCV	D and C!	HE	years
DISEASES OF	CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
underlying	above cause (A) CONDITION last	slaling the	Diahed	- 3 Mellitus.	Kidyan For	1.000
	44		(C) D 1500	17 10(2001 10) 1	· Mother 120	cour gabors
OTHER SIGNIES	ANT CONDITIONS CO	NITRIBUTING			0	
TO THE DEATH	BUT NOT RELATED TO TH	HE TERMINAL	******************			
19A. DATE OF	NDITION GIVEN IN PAR	DITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yas or h	ol 208. IF VEC WEEK	FINDINGS CONSIDERED
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF C	WAS PERF	ORMED		Nico	IN CERTIFYING C	AUSES OF DEATH?
21A. ACCIDENT	WAS UNDERLYING	218, PL	ACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	Alf In Dalata	see City also and the state
OR CONTRIBUT	ING CAUSE OF	hama,	form, factory, streat, off	ice bldg. INJURY OCCUR?	(ii in Baltimo	ara City, give exact location)
21 D. TIME (Month) (Doy) (Year)		JURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
		While Work	At Wark			
(APPROX.)					7-0	
(APPROX)	hat (1) (this hospital	attended the	leceased from		10 6 / 4-	11-20 10-0
22. I certify th	hat (1) (this hospital		leceased fram	- 10 70	19 6 7 ta	11-29-1970
22. I certify that (I) (we) Id	ast saw the decease	d alive on	11-29	- 19 70 and t	hat In (my) (our) op	II - 29 - 19 70 Inlon death accurred an the dat
22. I certify that (1) (we) loand haur and	ast saw the decease fram the causes stat	d alive on	11-29	19and t	hat In (my) (our) op	Inion death accurred an the dat
22. I certify that (I) (we) Id	ast saw the decease fram the causes stat	d alive on	1-29 (e) (did) (did nat) vi	ew the bady after death.	hat In (my) (our) op	Inion death accurred an the dat
22. 1 certify the that (1) (we) to and haur and to 23A. SIGN ATURE	ast saw the decease from the causes stated	d alive on	1-29 (e) (did) (did nat) vi	- 19 70 and t	hat In (my) (our) op	Inion death accurred an the dat
22. I certify that (1) (we) loand haur and	from the causes stated that daily	d alive on	Ve) (did) (did nat) vi	ew the bady after death.	hat In (my) (our) op Stoff Phys.	23B, DATE SIGNED
22. I certify the that (I) we lead have and have and 23A. SIGN ATURE	from the causes stated that daily	d alive on	/e) (did) (did nat) vi Attention GEGREE 22	ew the bady after death.	hat In (my) (our) op	23B, DATE SIGNED
22. I certify the that (I) (we) Id and haur and the case of the ca	from the causes stated ARDAIZ	d alive on	Ve) (did) (did nat) vi	ew the bady after death. ding Med. Director 3D. ADDRESS OLONY Apts.	stoff Derlin	23B, DATE SIGNED 11-29-70 Court N, Md.
22. I certify the that (I) we lead have and have and the case of t	ast saw the decease from the causes state A daiz ARDAIZ ATION, 248, DATE ecity)	d alive oned abave. (1)(V	Ve) (did) (did nat) vi Attention of CREMETERY of CREMETERY	ew the bady after death. ding Med. Director 3D. ADDRESS OLONY Apts. MATORY 24D.	Shoff Derlin	23B, DATE SIGNED 11-29-70 Cowt N, Md. (Stote)
22. I certify the that (I) (we) Ideand haur and the card of the ca	ARDAIZ ATION, 248, DATE ecity) 12/4/70	d alive on	de) (did) (did nat) vi Atten Degree agegree all s Cem	ew the bady after death. ding Med. Director 3D. ADDRESS OLONY MATORY 24D. Vic	Stoff D Phys. D 7 Oberling Town Concention (Concention)	23B, DATE SIGNED 11-29-70 Court ON, Md. Stote) Md.
22. I certify the that (I) (we) Id and haur and the control of the	ARDAIZ ATION, 248. DATE city) Y HEALTH DEPT.	d alive oned abave. (1)(V	de) (did (did nat) vi Atten OEGREE OI CEMETERY OF CREA COLUMN S COM CEGISTRAR	ew the bady after death. ding Med. Director 3D. ADDRESS NATORY 24D. V10	Shoff Derling Tows COCATION CO	23B, DATE SIGNED 11-29-70 Cowt N, Md. (Stote)

100	6 1010 10 10		BALTIMORE CITY	HEALTH DEPARTMENT	70	11688
BIRTH NO.	70 11	.688 (CERTIFICA	TE OF DEATH	REG. NO.	-1000
1. NAME OF DE					D HOUR OF DEATH	
(Type or Print)	ohn W Jacobs					1
3. PLACE IN BA	ALTIMORE, MARYLAND, WHE	RE PRONO UN CED	DEAD	4. USUAL RESIDENCE (When	e deceased lived. If institution:	residence before odmission)
FULL NAME O	F UF NOT IN HOSPITAL	OR INSTITUTION.	GIVE STREET	Maryland	7	7-3.3
FULL NAME OF	ADDRESS OR LOCATIO	ONI		C. CITY OR TOWN	D. INSIDE CITY	LIMITS?
00				Baltimore E. STREET AND NUMBER	YES	NO [
21.08	East Cold Sp	ming To-				
5. SEX				2408 E. Cold	Spring Land	
Male	Tallo di di a	MARRIED NEV	DIVORCED		lost birthdoy) Months	er 1 Yr. II Under 24 Hrs. Doys Hours Min.
				Sept. 6, 1885	on country) 113 CI	TIZEN OF WHAT COUNTRY
done during most o	f working life, even if retired)				gii 500iiiy/ 12. Ci	MEEN OF WHA! COUNTRI
13. FATHER'S NA	Fitter RET.			Penna.		U.S.A.
_	el W Jacobs			14. MOTHER'S MAIDEN NAM		
		18 3		Lucy Webster	1	
Yes, no or unknow	d Ever in U. S. Armed Forces:	f service) 16. SO	CIAL CURITY NO.	17. INFORMANT		ADDRESS
No		221	-03-1559	Mrs Lelia T	Jacobe Same	
18. 4/1	9,4	d	AUSE OF DEAT		000000	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	ASE OR CONDITION DIREC LEADING TO DEATH			0 + 0 1		SETTLE ONSET AND DEATH
(This does	not mean the mode of dy	ina ea	(A) IMMEDIATE CAU	se Contenuedas	I.C C V.V	
heart foilure	, osthenio, etc. it means the	diseose,	DUE 10, OR AS	CONSEQUENCE OF:	r	
injury or co	mplicolion which coused dec	oin.)				
DISEASES	ANTECEDENT CAUSES		(B)		f 	
rise to the	OR CONDITIONS, if any, he above cause (A) sta	, giving oling the	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYIN	G CONDITION last.		(c)	************************		
-	11					
OTHER SIGNI	FICANT CONDITIONS CONTRACT BUT NOT RELATED TO THE T	ERMINAL				
DISEASE OR	CONDITION GIVEN IN PART 1 F OPERATION 198 CONDITI	(A).		100 A		***************************************
OTHER SIGNI TO THE DEA DISEASE OR O 19A. DATE O	WAS PERFOR	MED WHICH	OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?
21A. ACCIDI	ENT WAS UNDERLYING	21B PLACE	OF INJURY (e.c., in	or obout 21 C. WHERE DID	(If In Boltimore City, gi	
C IDEATH (notif	ENT WAS UNDERLYING UTING CAUSE OF	home, form,	factory, street, of	ice bldg., INJURY OCCUR?	lit in Boilimore City, gi	ve exect tocotion;
OF INJURY						
OF INJURY	(IVIONIII) (DOY) (Teal) (H	While At	OCCURRED Not While	21F. HOW DID INJU	IRY OCCUR?	
(APPROX.)		Work L	At Work	<u>,</u> LJ		
	y that (1) (this hospital) at	h	ased fram		970 to NOV.	-S 19 TD
that (I) (we	last saw the deceased a	live an N	0 V, 7-1	19 and tha	t in (my) (ear) apinian dec	
and have an	d fram the causes stated	abave. (I) (W.)	(did) (d idena t) vi			
23A. SIGNAT					23 B, DA	TE SIGNED
3	Imm Harry		After Phys.	ding Med. Director P	itaff hys.	11776
23CPHYSICIANAME (AN'S Type		DEGREE	3D. ADDRESS	1 1 6	111/6
NAME (laase M.I		2026 B 2 3		
4A. BURIAL CRI	EMATION, 248, DATE	24C. NAME of	CEMETERY OF CRE	2926 E. Colds	spring Lane B	
REMOVAL					tenja towią	Jointy
Buri 25A. DATE REC'E		Morela	and Memo	Cial Park Ba	altimore, Mar	yland.
DEC 2	1970 Robert E.		,			ADDRESS
VS 150-REV. 1/1/				Leonard J Ru	ick Inc. Balt	imore, Md

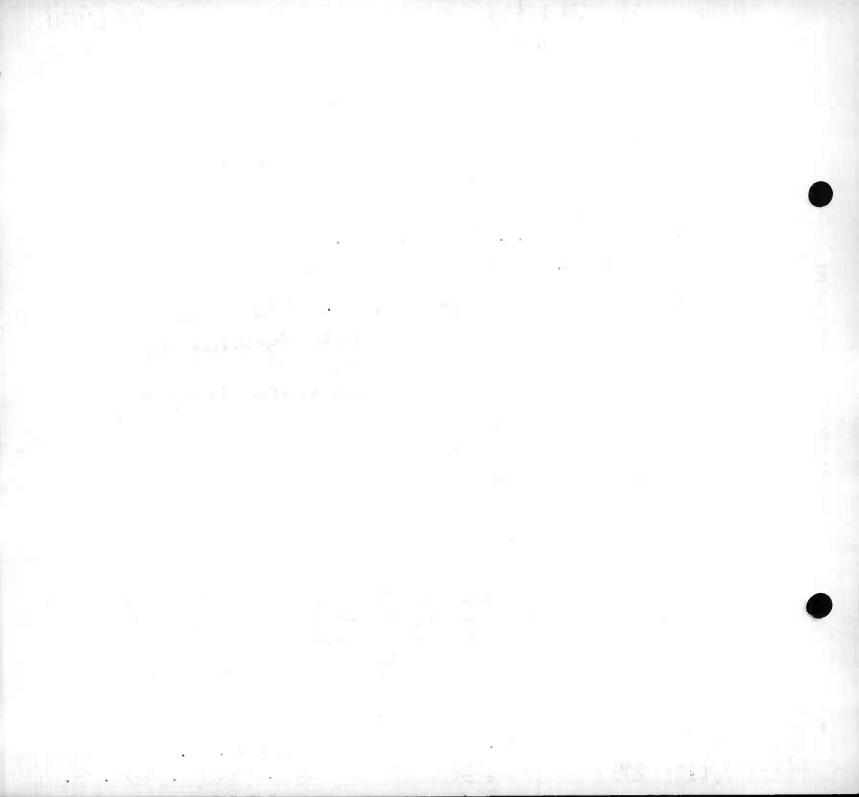


FUNERAL DIRECTOR: IMPORTANT

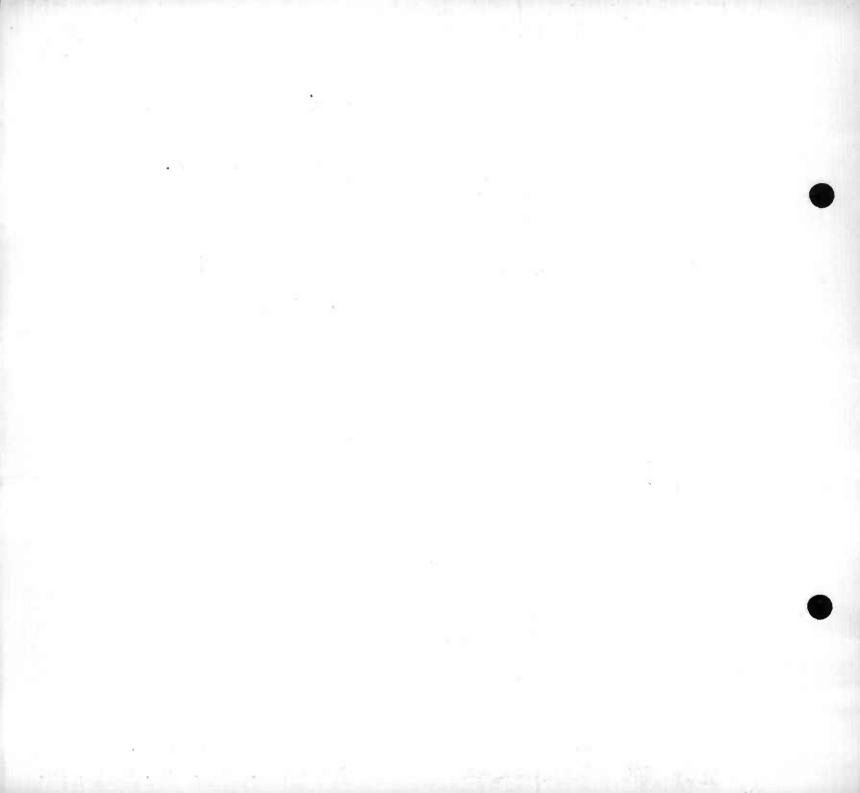
0 1124	1940		BALTIMORE CIT	Y HEALTH DEPARTMENT		70 4	1000
BIRTH NO.	70	11689	CERTIFICA	ATE OF DEATH	REG. NO	70 1	1689
	ohn J. Shu			11/30	10 HOUR OF DEAT	1 12	·/.O F
3. PLACE IN BALTI	MORE MARYLAND, W	VHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (When	o deceased lived. If	institution; residence	before admis
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	MD.		2/	-27
HOSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN	D. 1N	ISIDE CITY LIMITS?	-00
IInia	m Mamania 7	17		Baltimore		YES X	NO
Unio	n Memorial	Hosp.		E. STREET AND NUMBER			
111/9				4203 Raymar	Ave.		
S. SEX	W.	7. MARRIED	NEVER MARRIED		9. AGE (In yours last birthdoy)	Il Under 1 Yr. Months: Doys	If Under 24 Hours M
		WIDOWED		Manch 27 100	d 62		110013
10A, USUAL OCCUP done during most of we	ATION (Give kind of work orking life, even if retired)	108 KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foroi	gn country)	12. CITIZEN OF	WHAT COU
	effer Brew	. Co.		Pa.		USA	
13. FATHER'S NAM				14. MOTHER'S MAIDEN NAM	ΛĒ	0011	
Wol+	Ch., 1+-			Mos			
Walter 5. Wos Deceosed E	ONULTZ ver in U. S. Armed Fore If yes, give wer or date	cos?	6. SOCIAL	Mary 17. INFORMANT	orm.	4555	
			SECURITY NO.		4203	Raymar A	ve.
Yes	Peacet	ime	212-05-757		tz Balto	o. Md.	
1B.	4/019		CAUSE OF DEAT	TH			ONSET AND
MagnatolSEASE	OR CONDITION DIS	RECTLY		() - h.	. 1	BEIWEEN	ONSET AND
	megn the mode of shipping, etc. It means	duine an	(A) IMMEDIATE CA		wheel Juface	Tim -	
hearl failure a	megn me mode u	uying, e.g.,	DITE TO OB AC	A CONSEQUENCE OF: //	7		
1	sinimia, elc. Il meons	the disease,	DUE 10, OK AS	A CONSEQUENCE OF:			
infair of combi	region which caused	the disease, death.f	DUE 10, OK AS	- 2/			,
metro compo	TECEDENT CAUSES	death.f	(B) Arter	isselustre Hair	1 Disine	>/	o year
DISEASES OR	region which caused NTECEDENT CAUSES CONDITIONS, if a	death.f any, giving	(B) Arter	insclude Han	1 Disine	>/	o year
DISEASES OR	TECEDENT CAUSES	death.f any, giving	(B) Arter	isselustre Hair	1 Disine	>/	o year
DISEASES OR	region which caused NTECEDENT CAUSES CONDITIONS, if a	death.f any, giving	(B) Arter	isselustre Hair	1 Disine	>/	o year
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VS 150-REV, 1/1/68



o L N	1. NAME OF DECEASED Emma M. Medrano	Dec. 1. 1970 1 5 45 A		
cause; (5) Decated of the control of	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	2. DATE AND HOUR OF DEATH DEC. 1.1910 4. USUAL RESIDENCE (Where decoosed lived. II institution: residence before odmis A. STATEVICI B. COUNTY C. CIPY OR TOWN D. INSIDE CITY LIMITS?		
	3South Baltimore General Hospital	E. STREET AND NUMBER 1605 Northbourne Rd.		
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ind; (4) U eath wa e on the ial dispos	Medrano 15. Was Deceosed Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS ALVARESS		
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att	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH [This does not meen the mode of dying, e.g., (A) IMMEDIATE C.	Cerebral Vascular Accident AUSE S A CONSEQUENCE OF: BETWEEN ONSET AND DE 10 days		
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P 40				
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	W-300 70 11692 CERTIFICATE OF DEATH REG. NO. 70 11692
	BIRTH NO.
	1. NAME OF DECEASED (Type of Print) MRS WITTICH, L. ROBERTA 12. 1 1970 1. 1970
	MRS WITTICH, L. KOBERTA 12. 1 1970 3.40 PA 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission
Į.	A STATE & COUNTY
ĺ	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) ADDRESS OR LOCATION) C.CITY OR TOWN D. INSIDE CITY LIMITS?
į	
ı	E. STREET AND NUMBER
	44 118 E. 33RD STREET
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years last birthday) Months Days Hours Min.
	100 WILLIAM OCCUPATION OF THE WILLIAM DIVORCED 06-11-1894 76
	adne during most of warking life, even if refired)
-	HOUSEWIFE OWN HOME N CAROLINA U.S.A
	13. FATHER'S NAME
	J. S. ROSS PATTY WORRIS
(It's, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO.
	NO 22-82154 MAS WIN C. HARRISON SOUTH WAL
	18. 444 A PROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
	(This does not mean the mode of duing an (A)IMMEDIATE CAUSE TYTASSTVE TOTAL
	injury of complication which caused doubt 1
	ANTECEDENT CAUSES (POST-OPERATIVE)
ŀ	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)
1.	
-	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (A).
4	S DISEASE OR CONDITION GIVEN IN PART 1 (A).
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	DEATH (notify medical examiner) _ home, larm, factory, street, office bldg., INJURY OCCUR?
1	21D. YIME (Month) (Day) (Year) (Hous) 21E INJURY OCCURED 21E HOW DID INJURY OCCUR
	OF INJURY (APPROX.) While At Not While At Work At Work
	22. I certify that (I) (this hospital) attended the deceased fram 11- 19. 19.70 to 12- 1 19.70
	that (1) (we) last saw the deceased alive an 12 1 19 70 and that in (my) (our) apinion death accurred an the date
	and haur and from the causes stated above. (I) (We) (did) (did nat) view the body after death.
	23A, SIGNATURE 23B, DATE SIGNED
	Attending Med. Staff 12-1-1970
	23C PHYSICIAN'S
	DR K- KAU WION METHORIAL MOSPITAL
2	24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
	Burial 12/4/70 Lorraine Park Baltimore County, Md.
-	DECO 1000 O A C 3. A STATE OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS ADDRESS H. W. Jenkins & Song Co 2 4905 York
	H. W. Jenkins, & Song, Co., 4905 York

Army file a till a state og

IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

If Under 24 Hrs.

21227

APPROXIMATE INTERVAL

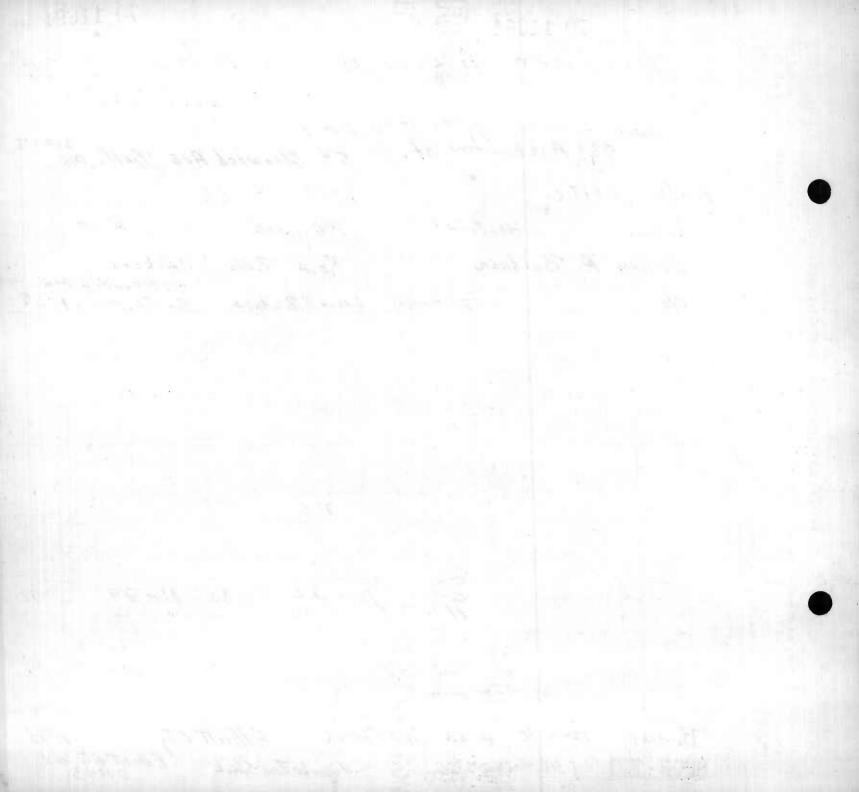
BETWEEN ONSET AND DEATH

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IMPORTANT

FUNERAL DIRECTOR:

2 125	BALTIMORE CITY	HEALTH DEPARTMENT	70 11004
D-625 BIRTH NO. 70 11694	CERTIFICA	TE OF DEATH	REG. NO. 10 11534
1. NAME OF DECEASED (Type or Print) Print drien	Alvin	B. 2. DATE AND H	9.1970 1030 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Where de A. STATE B. COUNTY	ceased lived. If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)		54 Slen	wood AVEBALT. MS.
Il Lutheran He.	spital of ma	BAltimore	
46 130. Ash bu	How st.	E. STREET AND NUMBER	10 - P 15 31228
	RIED NEVER MARRIED		GE (In years If Under 1 Yr. If Under 24 Hrs.
male white widow	WED DIVORCED	9-17-04	birthday Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if retired)		11. BIRTHPLACE (State or fareign c	
FOREMAN HO	stiTal	MARYLAND	V.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
William A. Bridn.	EN	ROSA BALLE	JACKSEN
5. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	54 BIENUS PRESS AVE.
No	215-04-4641	LEONA E. BridNER	BAITO, MN 27228
18. 16 9 1	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, if any, gi rise to the above couse (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMINATE OF TH	(c)	Lung-Lives A CONSEQUENCE OF:	
disease or condition given in Part 1 (A).	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20	B. IF YES, WERE FINDINGS CONSIDERED
199. CONDITION WAS PERFORMED		m n in	CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)	n or about 21C. WHERE DID	(If in Boltimore City, give exact location)
21D.TIME (Manth) (Day) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID INJURY	O CCUR?
22. I certify that (1) (this hospital) ottend			10 to 11-29 1970.
that (I) (we) last saw the deceased olive	11 70		n(my) (our) opinion deoth occurred on the dote
and haur and from the causes stated obay			
224 SICNIATURE		The star star star star star star star star	23B, DATE SIGNED
17. 9	Atte Phy	nding Med. Staff Staff Director Phys.	X 11-29-70
23C. PHYSICIAN'S NAME (Type) ALI AFROB	DEGREE	23D. ADDRESS	
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. LOCA	TION (City, town, or county) (State)
BuniAl 12-2-70	Good ShET	HERD Ellie	it et mi
DECS BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	Higrar be Them Slace	K Elhoett August
		111111111111111111111111111111111111111	



	ALTH DEPARTMENT	mg pm
W-550 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG, NO. 70 116	95
JIKIT NO.		
1. NAME OF DECEASED (Type or Print) Dierro T Hanner	2. DATE Known Month Doy Year Hnur OF 5thested 11 29 70 7:50 t	
Pierre J. Wanneyn	DEATH Estimated LI II 29 70 7:50 I	P . M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Month Doy Year Hour PRONOUNCED DEAD	
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	11 29 70 7:50	р м.
A	5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admiss A. STATE B. COUNTY	ion)
1010 Patapsco Street	Md. 230	2
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN Balto. D. INSIDE CITY LIMITS?	
male White WIDOWED DIVORCED D	II YES IXI NO L. I	
lost biethdov) Months a Days a Hours a Min.	E. STREET AND NUMBER	
4-7-1904 66 6	1010 Patapsco Street	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
BEDFORC CO PENNA USA	JOSEPH E WANNYN	
14A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTR done during most of working lile, even if retired)	15. MOTHER'S MAIDEN NAME	
UNKNOWN	JOSEPHINE CARTERVERY	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or doles of service) SECURITY NO.	18. INFORMANT ADDRESS	
VNKNOWN ?	MASOOD FUNERAL HOME, SAXTENNA	2
19. HI CAUSE OF DEA	TH APPROXIMATE INT	ERVAL
DISEASE OR CONDITION DIRECTLY	Arteriosclerotic cardiovascular disease	
LEADING TO DEATH		
	AS A CONSEQUENCE OF:	
Injury or complication which coused death.)		
ANTECEDENT CAUSES (c)		
	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF8	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST		No)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	AS PERFORMED 21. AUTOPSY? (Yes or	No)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/O	AS PERFORMED 21, AUTOPSY? (Yes or yes	No)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/ V 222A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB.	AS PERFORMED 21. AUTOPSY? (Yes or	No)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/ UNDERLYING TO CAUSE WAS 22B. PLACE OF INJURY (e.g., home, form, loctory, street, office UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	AS PERFORMED 21. AUTOPSY? (Yes or yes in or obout 22C, WHERE DID (if in Ballitmore City, give exact location) bidg, etc.) INJURY OCCUR?	No)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT THE PART OF THE PART	AS PERFORMED 21. AUTOPSY? (Yes or yes in or obout 22C. WHERE DID (if in Baltimere City, give exact location) 22F. HOW DID INJURY OCCUR?	No)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/ UNDERLYING TO ROUSE WAS UNDERLYING TO CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.JNJURY OCCURRED.	AS PERFORMED 21. AUTOPSY? (Yes or yes in or obout 22C. WHERE DID (if in Baltimere City, give exact location) 22F. HOW DID INJURY OCCUR?	No)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/ UNDERLYING TO RECOMMEND UNDERLYING TO CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) WHILE AT NOT NOT WORK NOT WO	AS PERFORMED 21. AUTOPSY? (Yes or yes in or obout 22C, WHERE DID (if in Baltimore City, give exact location) injury occur? 22F. HOW DID INJURY OCCUR?	No)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/OPERATION	AS PERFORMED 21. AUTOPSY? (Yes or yes in or about 22C. WHERE DID (If in Ballimere City, give exact location) 10. INJURY OCCUR? 22F. HOW DID INJURY OCCUR? WHILE 22F. HOW DID INJURY OCCUR? WHILE 22F. death in my opinion	No)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/ UNDERLYING TO THE TERMINAL DISEASE OR CONDITION 20B. CONDITION FOR WHICH OPERATION W/ UNDERLYING TO CONTRIB. UTING CAUSE OF DEATH. 22A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIB. UTING CAUSE OF DEATH. 21 Certify that I held an Inquiry WHILE AT WORK NOT AT WORK 1 Certify that I held an Inquiry Inspection Au resulted from: Natural causes Accident Suicid	AS PERFORMED 21. AUTOPSY? (Yes or yes) 10. or obout 22C. WHERE DID (If in Bolitmore City, give exact location) 22F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 22F. death in my opinion 30psy	No)
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. 22A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 1 certify that I held on Inquiry Inspection Au resulted from: Natural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) DUE TO, OR DUE TO, O	AS PERFORMED 21. AUTOPSY? (Yes or yes 21. AUTOPSY? (Yes or yes 22C, WHERE DID (If in Baltimore City, give exact location) 22F. HOW DID INJURY OCCUR?	ED
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. UNDERLYING TO THE DEATH DISEASE OR CONDITION GIVEN IN PART 1 (A). 22A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) I certify that I held on Inquiry Inspection AU resulted from: Natural causes AC Accident Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	AS PERFORMED 21. AUTOPSY? (Yes or yes) In or obout 22C. WHERE DID (If in Bolitmore City, give exact location) 22F. HOW DID INJURY OCCUR? WHILE ORK COPSY And that on this basis, death in my opinion CHIEF MEDICAL EXAMINER OPATE SIGNIA ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 11/30/7 OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)	ED '()
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. 22A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB. Home, form, loctory, street, office UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 1 certify that I held on Inquiry Inspection AU resulted from: Natural causes Accident Suicide ACTUAL SIGNATURE EXAMINER'S NATURE EXAMINER'S Peter Lipkovic, M.D.	AS PERFORMED 21. AUTOPSY? (Yes or yes) In or obout 22C, WHERE DID (If in Baltimore City, give exact location) 22F. HOW DID INJURY OCCUR? WHILE ORK COPSY A and that on this basis, death in my opinion CHIEF MEDICAL EXAMINER DATE SIGNI ASSISTANT MEDICAL EXAMINER DATE SIGNI ASSOCIATE MEDICAL EXAMINER DATE SIGNI ASSOCIATE MEDICAL EXAMINER DATE SIGNI OF CREMATORY 24D. LOCATION (City, town, or county) (State) WE WARD.	ED '()
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WILL DISEASE OR CONDITION GIVEN IN PART 1 (A). 22A. EXTERNAL CAUSE WAS UNDERLYING CONTRIB. Home, form, loctory, street, office UNDERLYING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 1 certify that I held on Inquiry Inspection August Work AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AND WORK AND AND AND AND AND AND AND AND AND AND	AS PERFORMED 21. AUTOPSY? (Yes or yes) In or obout 22C, WHERE DID (If in Bolitmore City, give exact location) 22F. HOW DID INJURY OCCUR? WHILE ORK COPSY A and that on this basis, death in my opinion CHIEF MEDICAL EXAMINER DATE SIGNI ASSISTANT MEDICAL EXAMINER DATE SIGNI ASSOCIATE MEDICAL EXAMINER DATE SIGNI ASSOCIATE MEDICAL EXAMINER DATE SIGNI OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) WE WARP.	ED 'O

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FUNERAL

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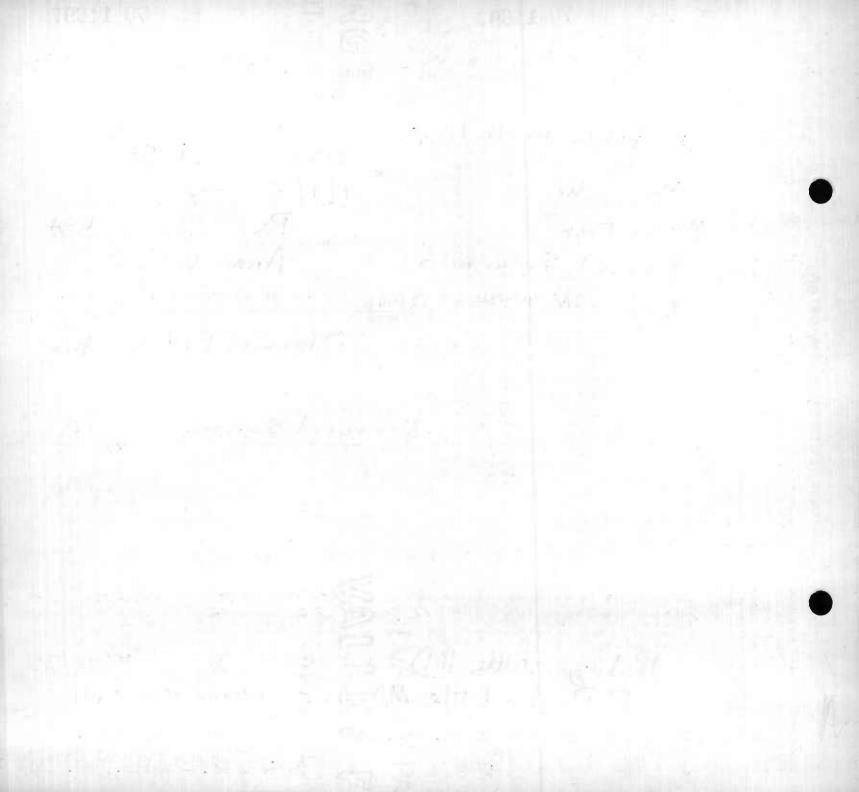
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VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? US Public Service Health Hosp. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) 23 B. DATE SIGNED (City, town, or county) Philadelphia, Penna. Robert C. Altenburg Funeral Home 6009 Harford Rd. - Balto., Md.21 Md.21214

NO



IMPORTANT

FUNERAL DIRECTOR:

70 11698	BALTIMORE CITY	HEALTH DEPARTMENT	70 11698
BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO.	70 11030
1. NAME OF DECEASED (Type of Print) JENNIE JEEERE	J	2. DATE AND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN		4. USUAL RESIDENCE (Where deceased lived. If	institution residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT ADDRESS OR LOCATION)		MARY LAND	2120
- C - C - C - C - C - C - C - C - C - C			SIDE CITY LIMITS?
SINAI HOSPITAL		BALTIMORE E. STREET AND NUMBER	YES NO
12		4008 FALLSTAFF ROAD	
5. SEX 6. RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 10-9-1892 9. AGE (In years last bighday) 78	II Under 1 Ya II Under 24 Hrs. Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
RETIRED MER	CHANT	BALTIMORE, MARYLAND	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
ISAAC KAPLAN		LEAH ?	
5. Was Deceased Ever in U. S. Anned Forces? (es,no or unknown) (If yes, give war or dotes af service)	6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	4	MR. K. MICHAEL JEFFREY, 40	008 FALLSTAFF RD
18.410.9	CAUSE OF DEATH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		1	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE HUITE MYCCARDIAL	Sudden
heart failure, osthenio, etc. It meons the diseose, injury ar complication which caused death.)	DUE TO, OR AS	CONSEQUENCE OF: IN FAIR	20710N
ANTECEDENT CAUSES	1	3	Jane 1
	(B) 175 CV &		YEARS
DISEASES OR CONDITIONS, il ony, giving rise la the obove cause (A) stoling the	DUE TO, OR AS	A CONSEQUENCE OF:	/
UNDERLYING CONDITION lost.	(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED	HEART	BLOCK - PACEMAKE	e 3/RS
19A-DATE OF OPERATION 19B. CONDITION FOR WHI	ICH OPERATION		FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF hame, etc.)	ACE OF INJURY (e.g., in farm, foctory, street, olf	or obout 21 C. WHERE DID (II In Boltimotice bldg., INJURY OCCUR?	re City, give exoct location)
	JURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.) While Work	Al Mol While		
22. I certify that (1) (this-hospital) attended the		JUNE 1968 to No	27 10/0
that (1) (we) lost sow the deceased alive on		- Market Street Commission 17 January 17	17
ond hour and from the couses stated above. (1) (1	,	19ond that in(my) (our) opl	nion death occurred on the date
23A. SIGNATURE	ne) (ala) (ala not) VI	ew the body offer deoth.	DATE SIGNED
Coul Ollestol	Atten	ding Med. Staff Phys.	23R DATE SIGNED
23C. PHYSIGIAN'S	0.000	Med. Staff Director Phys. 3D. ADDRESS	11/1/10
NAME (Type)	TO MID	6821 REISTERSTOW	NRA RAIT
IA. BURIAL CREMATION, 24B. DATE 24C. NAMI	DEGREE		, Idit L'iMal
REMOVAL (Specify)			ty, town, or county) (State)
	RO KODESH	BALTIMORE, MAR	
DEC 3 1970 RAGE & TOBO M		SOL LEVINSON & BROS., 60	10 REISTERSTOWN ROA
S 150-REV. 1/1/68	40		

and the second

1/1-	BALTIMORE CITY	HEALTH DEPARTMENT	, 7	0 11699
6-450 70 1169		TE OF DEATH	REG. NO.	
1. NAME OF DECEASED D			HOUR OF DEATH	
Sara Kellam		11-2	6-1970	8:40p.m
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where de A. STATE B. COUNTY	eceosed lived. If institution	on: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET		MARYLAND Ball	LD	5300
HOSPITAL OR ADDRESS OR LOCATION		C, CITY OR TOWN	D. INSIDE CI	TY LIMITS?
7.4		Baltimore	YES	R NO □
Levindale Hebrew Home and	l Infirmary	E. STREET AND NUMBER 691	12 TOWNBROOK	ROAD #21207
5. SEX 6. RACE 7. AAADE		DEX VEXIEX EX EX XX	CEENEDXXXXXXX	<i>EXXIES</i>
Female ENNXHAXAX WIDOW		9-7-XIX8X9XX	birthdoy) Mon	Jnder 1 Yr. If Under 24 Hrs.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN) done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) 12.	CITIZEN OF WHAT COUNTRY
	HOME	RUSSIA		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
ASHER BETTIGOLE		ROSE ?		
5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL	17. INFORMANT		ADDRESS
NO	230-42-5230B	MR. SIDNEY I. KEI	P.O. BO	
1B. 2/ 5 5 XI	CAUSE OF DEATH		HARRIS	BURG, PA. 17105
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	se Bilateral brond	chonneumonia	Days
(This does not mean the mode of dying, heart failure, asthenia, etc. it means the dise		CONSEQUENCE OF:	MAN PARKET MINORITY	
injury or complication which caused death.)	•			
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, given is a lot like above cause (A) stating UNDERLYING CONDITION last.	ine	A CONSEQUENCE OF:	1 0700000000000000000000000000000000000	
	(C)			****
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	NG Decubi	tus ulcer		
DISEASE OR CONDITION GIVEN IN PART I (A).	OR WHICH OPERATION	[20 A. AUTOPSY? (Yes or No)] 20	DB. IF YES, WERE FINDIN	IGS CONSIDERED
WAS PERFORMED			CERTIFYING CAUSES C	OF DEATH?
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Boltlmore City,	
DEATH (notify medical examined	home, form, foctory, street, aff etc.)	ice bldg., INJURY OCCUR?		
21D-TIME (Month) (Doyl (Year) (Houst	21E INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
OF INJURY (APPROX.)	While At Not While			
22. I certify that (I) (this haspital) attende	Work L At Work	10.06	7	
that (i) (we) last saw the deceased alive		70	7 to 11-3	
			n(my) (aur) apinian d	leath accurred on the date
and have and from the causes stated above	(1) (We) (did) (did nat) vi	ew the bady after death.		
- WIN	. // Atter	ding Med. Staff		DATE SIGNED
23C PHYSICIANS	DEGREE Phys.	Director LX Phy:	. No	ovember 27, 1970
23C. PHYSICIAN'S NAME (Type)	//	3D. ADDRESS		
Theodore R. Ret	DEGREE	Levindale Hebrew		
KEMOVAL (Specify)	ZNAME OF CEMETERY OF CREE		IMORE, MARYLA	n, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	-	ADDRESS
	Ben Mila	SOL LEVINSON &	BROS.,6010 RE	
VS 150-REV. 1/1/68				



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DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

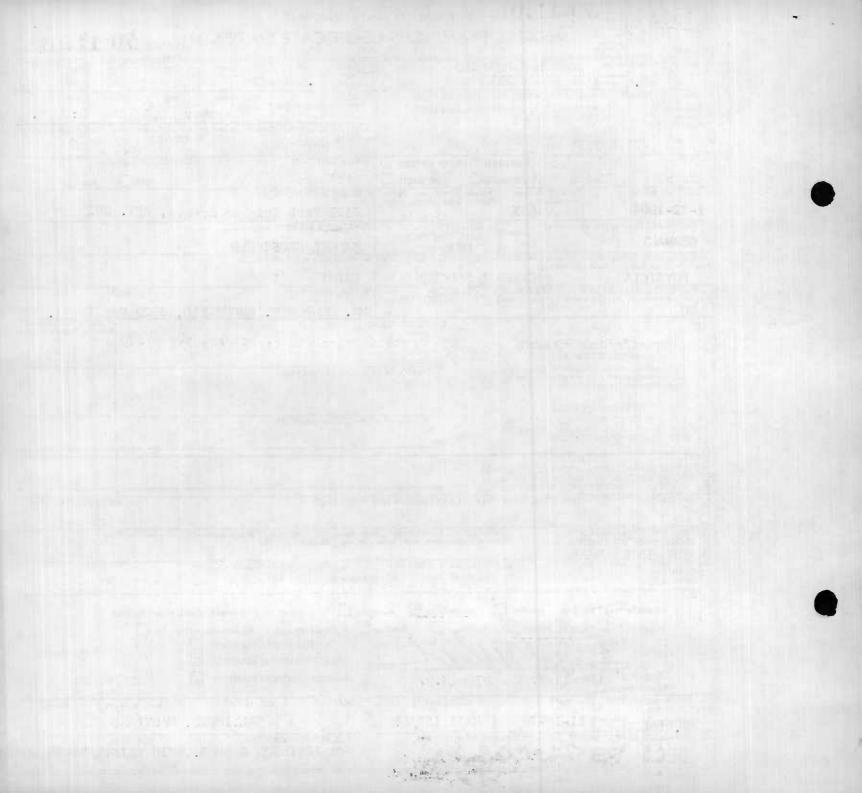
Hours

INTERVAL BETWEEN

ONSET AND DEATH

BALTIMORE CITY HEALTH DEPARTMENT

G-62/ MED	DICAL EXAMINER'S	CERTIFICATE C	OF DEATH R	EG. NO. 70 11701
BIKTH NO.	CDOCCELLD	2. DATE Known	Manth	Day Year Hnur
4. PLACE IN BALTIMORE, MARYLAND, V	WHERE PRONOUNCED DEAD	DEATH Estimated		Doy Year Haur
	AL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	November	27,1970 3:30 P.
7121 Park Hei	ghts Avenue	5. USUAL RESIDENCE (WA. STATE Maryland	B. Co	the three transfer of the tran
6. SEX 7. RACE	B. MARRIED X NEVER MARRIED	C. CITY OR TOWN		NSIDE CITY LIMITS?
Male White	WIDOWED DIVORCED	Baltimore		YES NO
9. DATE OF BIRTH 10. AGE (nyeors If Under Yr. Under 24 Hrs.	E. STREET AND NUMBER	R	
1-22-1904 last birthdo	66X Months Days Hours Min.	7121 Park He	ights Avenu	ie, APT. 202
11. BIRTHPLACE(State or foreign country) GERMANY	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME		
	USA 148, KIND OF BUSINESS OF INDUSTR	SAMUEL GROSS	NAME	
done during most of working life, even if retired)				
PHYSICIAN 16. WAS DECEASED EVER IN U.S. ARMED	GENERAL SURGEON FORCES? [17. SOCIAL	CARRIE ?		ADDRESS
16. WAS DECEASED EVER IN U.S. ARMED	of service) SECURITY NO.		anoccert b	
NO I	CAUSE OF DEA	MR. HOWARD M.	GROSSFELD	3629 PASKIN PI. #
41814	A	riosclerotic ca	andi arra a au 1	BETWEEN ONSET AND DE
DISEASE OR CONDITION DIRE			raiovascula	ir disease
(This does not mean the made of dy	Ing. e.g., (A)IMMEDIATE (AS A CONSEQUENCE OF:		
heart fallure, asthenia, etc. It means the injury or complication which coused de	disease,	A CONSEQUENCE ON		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY	(B) DUE TO OR	AS A CONSEQUENCE OF:		
RISE TO THE ABOVE CAUSE (A) STATUNDERLYING CONDITION LAST.	TING THE	AN CONSEQUENCE OF		
Z ONDERTING CONDITION LASI.	(c)			
CTHES SIGNIFICANT CONDITIONS CO	ON TABLES TO THE CONTRACT OF T			
OTHER SIGNIFICANT CONDITIONS CO	THE TERMINAL			
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P. 20A. DATE OF OPERATION 20B. COT		AS DEDECTRIED		los assentin (Variable)
DAIL OF CHARMON LOS. CO.	ADMICIN FOR WINCH OPERATION WA	AS PERFORMED		21. AUTOPSY? (Yes or No
ZZA. EXTERNAL CAUSE WAS	228 PLACE OF INTURY	In an about 22C WHERE D	ID dit - 0 to - Cit	no
UNDERLYING OR CONTRIB-	22B. PLACE OF INJURY (e.g., home, farm, lactory, street, offic	bldg., etc.) INJURY OCCU	KS (It in pattimore City	, give exact location)
UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year	Hour) 22E.INJURY OCCURRED	22E HOW DID	INJURY OCCUR?	
OF INJURY (APPROX.)	WHILE AT - NOT	WHILE -	HAJORT OCCORP	
23.	m. WORK L AT W	ORK L		
I certify that I held on I	ngulry Inspection X Au	topsy and that o	n this basis, deat	in my coinion
resulted from: Natural cau			Undetermined n	
	The state of the s	CHIEF MEDIC		lounet [
ACTUAL / /	111/11/11	ASSISTANT MEDIC		DATE SIGNED
SIGNATURE POPOLI A N	VI Jew U M.D	•		11/00/70
NAME (Type) Ronald N	. Kornblum, M.D.	ASSOCIATE MEDIC	AL EXAMINER []	11/28/70
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY	or CREMATORY 2	D. LOCATION (Cily, town, or county) (State)
BURIAL 11-30-	70 BNAI ISRAEL	ELIVE TO THE	BALTIMORE,	MARYLAND
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRE		ADDRESS
DEC 3 1970 R.S.J	E. Paisen R. D. O	SOL LEVINSO	ON & BROS.,	6010 REISTERSTOWN R
VS 151-REV. 1/1/6B				



43 48 Shamrock AVE, 21206

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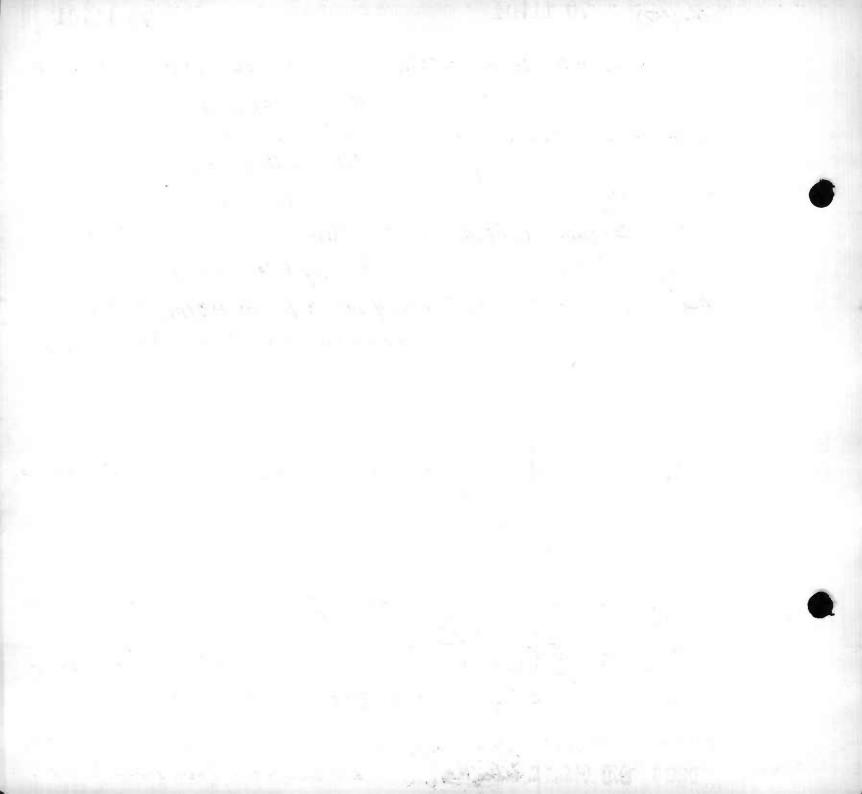
M nad 70 11703	BALTIMORE CITY	HEALTH DEPARTMENT	7	70 11703
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	0 11,00
1. NAME OF DECEASED	020	2. DATE AN	D HOUR OF DEATH	1355 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE IWhere	deceased lived, If institut	ion: tesidence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	C. CITY OR TOWN	D. INSIDE C	// O/
1/2		1 2 - 1 /		No []
Mercy Hospiti	72	E. STREET AND NUMBER	Paul	5-6
5. SEX 6. RACE 7. MARRIED 1	NEVER MARRIED X	June 22, 1936	2. AGE (In years as birthday) 34	Under I Yr. I Under 24 Hrs.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign		CITIZEN OF WHAT COUNTRY
Hotel Clerk		Pennsylvania		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1E	U.D.A.
Louis Moze		Anna Pro	ogar	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No 16		Yoney Funeral	Home	
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	ISE		
(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)	DUE JO, OR AS	A CONSEQUENCE OF: -	Septicaemic	2
ANTECEDENT CAUSES	+ Uain	our Tout	infection	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	DUE TO, OR AS	A CONSEQUENCE OF:	es wellet	
	(6/			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************		N	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 17B. CONDITION FOR WHICH WAS PERFORMED	CH OPERATION	20A-AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?
OR CONTRIBUTING CAUSE OF home, for DEATH (notify medical examined)	CE OF INJURY (e.g., ir irm, factory, street, off	or obout 21C. WHERE DID	(If In Boltimore City	y, give exect location)
S OF INJURY	URY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
Work	At Work			
22. I certify that (†) (this hospital) attended the de	eceased fram			19
that (4) (we) last saw the deceased alive an		19and tha	t in (my) (our) apinian	death accurred an the dote
and haur and fram the causes stated above. (4) (W.	e) (dld) (dld net) vi	lew the bady after death.		
23A. SIGNATURE	Attac	nding Med. S		DATE SIGNED
E3C. PHYSICIAN'S	DEGREE		haff hys.	129/20.
NAME (Type)	1	A E M C : ()	(==0, +01	·
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	OF CEMETERY OF CRE	MATORY (24D. LO	CATION (City, toy	wn, or countyl (State)
Burial 12-3-70 St. P.	atricks Cer	netery Cano	onsburg, Peni	nsylvania
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RE	GISTRAR	25C, FUNERAL DIRECTOR		ADDRESS
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MARYLAND GENERAL HOSPITH

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218-38-4459 Wm. K. HARRIS, I.2

SAME AS # 4)

Albert F. MRARS

OWNER

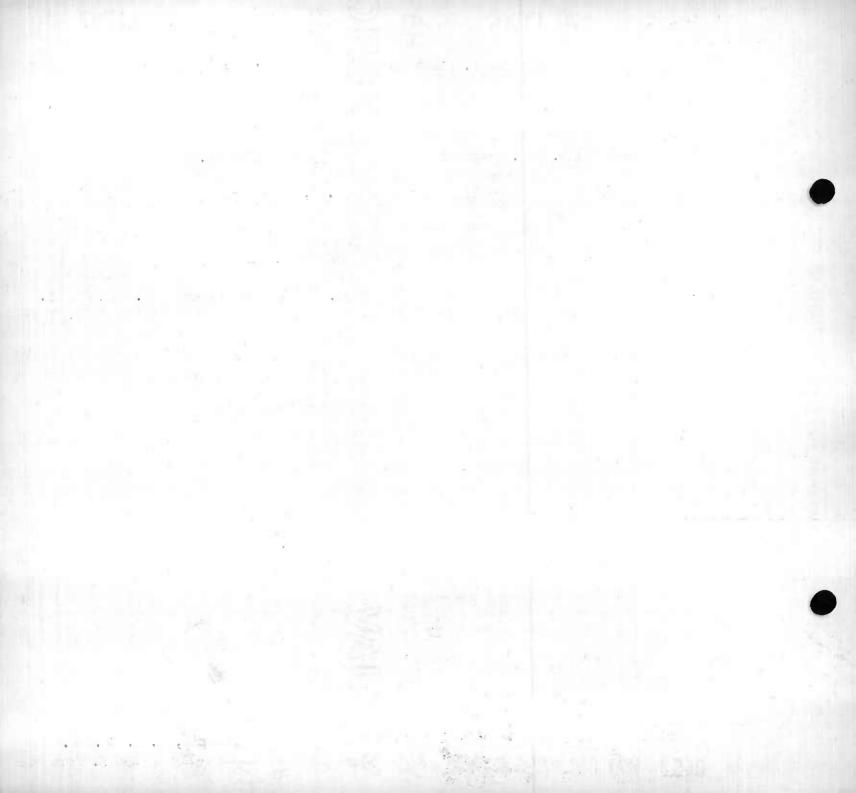
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Letter from M.E.'s office 12-23-70 M.H.

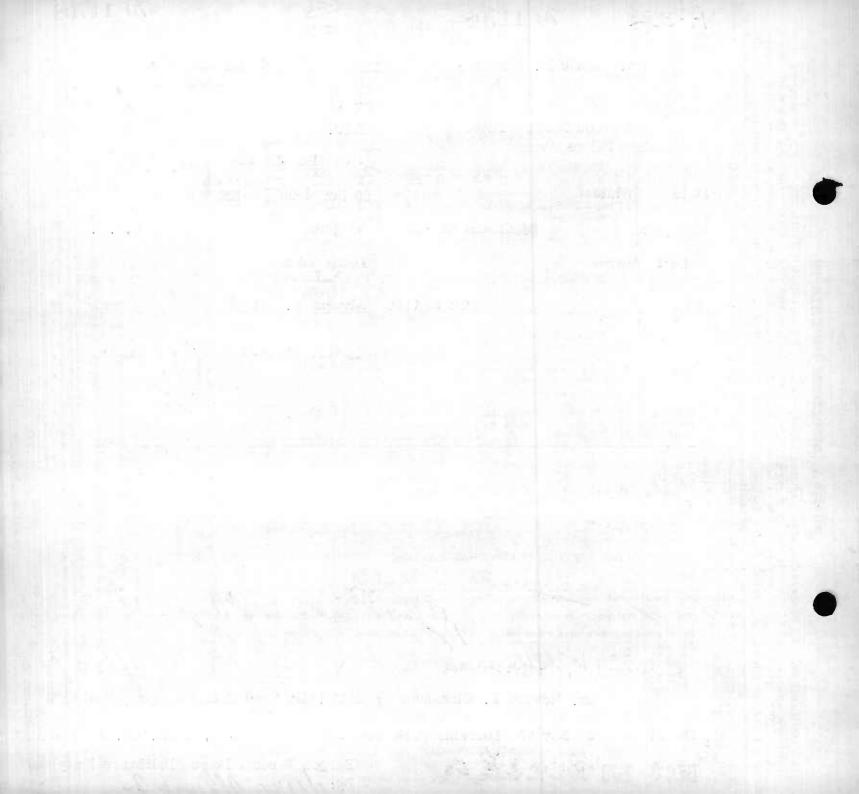
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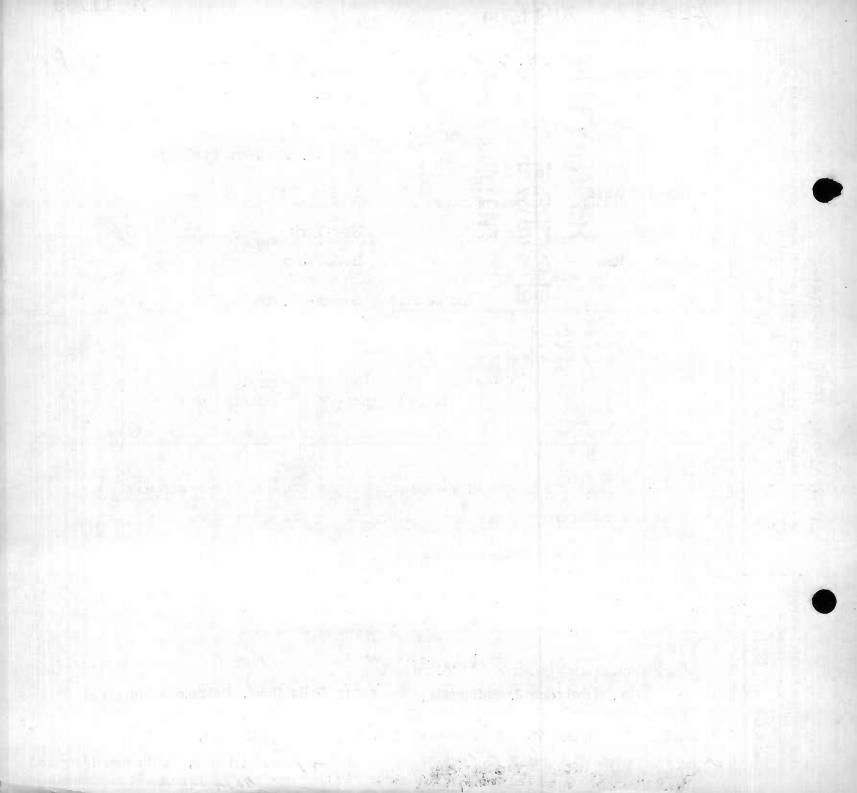
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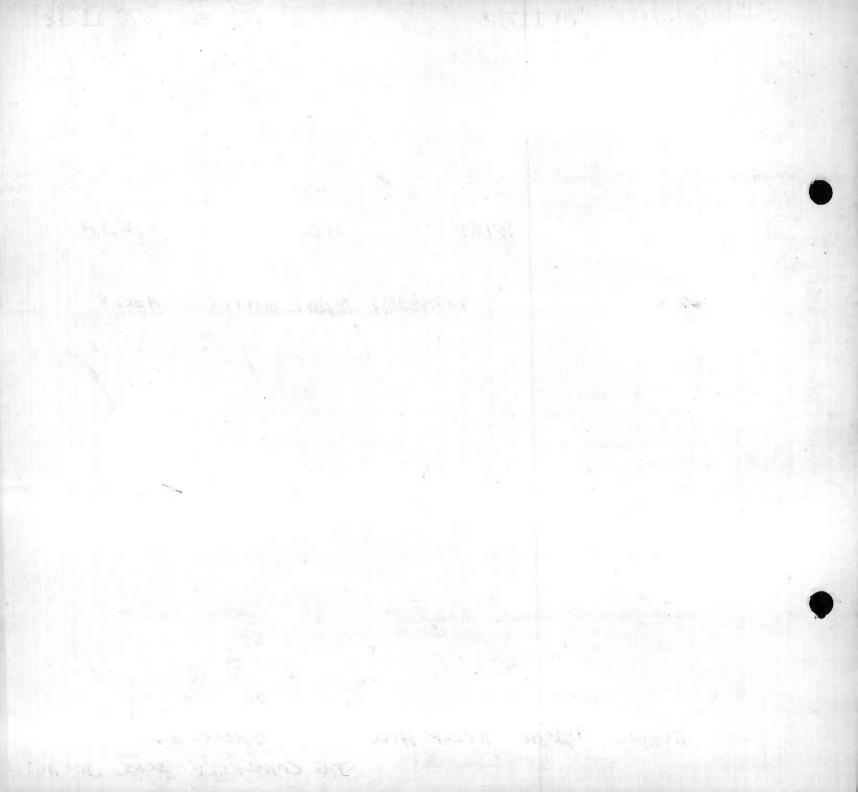
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BALTIMORE CITY HEALTH DEPARTMENT



57-98-20 JD 1	J-525 70 11713 BALTIMORE CITY HEALTH DEPARTMENT X REG. NO. 70 117	14.0
5 6 6 7 6	BIRTH NO.	20
pital and of death Deceased to on the ath. Such	1. NAME OF DECEASED (Type or Print) LOWIS TANSEN TANSEN 11/29/70	50 B
the Dott	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY	before admission)
hos (5)	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION Baltimore City Hospitals Maryland Baltimore C. CITY OR TOWN D. INSIDE CITY LIMITS?	300
- 7	2 / 4940 Eastern Ave. ESSE > YES□	NOT
0	Baltimore, Md. 21224 E. STREET AND NUMBER 100 Ginwood Lane 21220 005	
occurre natribut rmined egular ased p	5. SEX 6. RACE 7- MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lit Under 1 Yr. Months; Doys :	If Under 24 Hrs.
	Male White WIDOWED DIVORCED JULY 4 1909 105 MINISTER 1909	Hours Min.
det det	done during most of working life, even if relired)	WHAT COUNTRY?
if deect of was was the posit	13. FATHER'S NAME	
E S	DEORGE JANSSEN ELIZABETH SISHBACK	
2 2 2 2 -		
s ass any ced ndan	18. 4 9 1 CAUSE OF DEATH	(IMATE INTERVAL
MPORT, his assist lso, if the of any kir unced de tendance	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
niner or I niner. Als rracture o pronou gular att	LEADING TO DEATH [This does not meen the mode of dying, e.g., [This does not meen the mode of dying, e.g., [This does not meen the mode of dying, e.g.,	
OR: niner nactur pror	theort failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	
ECTOR: xaminer. caminer. A fractu who pro regular	ANTECEDENT CAUSES	DHUCC
ECT exar xam y A f who	DISEASES OR CONDITIONS, if any, giving (B) DUE TQ_OR AS A CONSEQUENCE OF:	17073
		UEEKS
L DI		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPSYZ (Yes or No.) 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1 121B PLACE OF INJURY IS G. in gr obout 21C. WHERE DID.	
FUNERA To chief motor By a motor Body by The phy physician fore the re	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSYZ (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?	ERED
P c c c c c c c c c c c c c c c c c c c	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY leage in ar about 21C. WHERE DID III In Boltimore City, give exect to	
N P P P P P P P P P P P P P P P P P P P	OR CONTRIBUTING CAUSE OF home, locally, sheet, office bidg. INJURY OCCUR?	cotion)
od bed by ty ty (6)	21D. TIME IMonth) (Day) (Year) 1Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work At Work	
o e y x ma		19.70
farto the control of	that 47 (we) last saw the deceased alive an 11/29/76 19 and that in/ (our) entries death account	
t be c sed t ant of spital	- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
ust be dent deat deat must	E 23A. SIGNATURE 23B. DATE SIGNED	5/
E C C C C C C C C C C C C C C C C C C C		70
ifficate my was rel (1) An acc 3.A. at a d prior to	23C. PHYSICIAN'S NAME (Type) Joseph Roll MD. 23D. ADDRESS Baltimore City Hospitals A040 Fastern Ave. Baltimore, Md. 21	224
d A A A d d d	Joseph Roll MD. DEGREE 4940 Eastern Ave. Baltimore, Md. 21 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, fown, or county)	
ybo O.G. O.G.		(State)
4.0 > 5.4	BURIAL 13/70 DAK LAWN BALTO - MD. 25A. DATE RECO BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDITIONAL ADDITIONAL DIRECTOR	RESS
This the shov was decreased	DEC 3 1970 Pober E. Janbey M.D. JG. CONNELLY SONS 30	DO MACE
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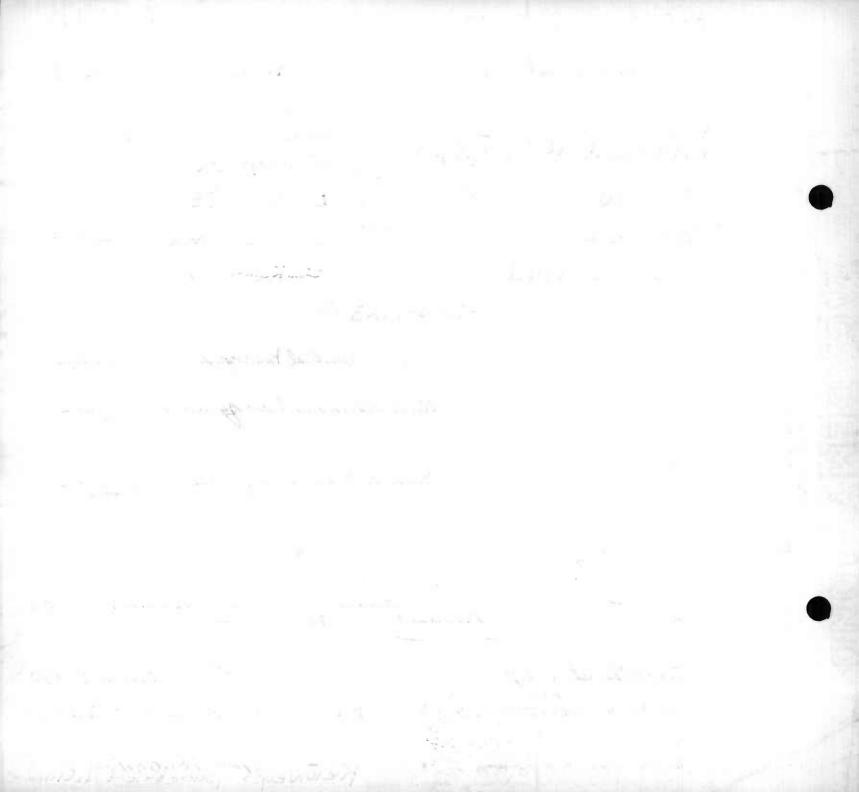
112	3-526 70 117		HEALTH DEPARTMENT	/	70 1100
BI	RTH NO.	14 CERTIFICA	TE OF DEATH	REG. NO	11/14
	NAME OF DECEASED (Pe or Print) Sarah Singer			30-1970	3:30 P.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If insti	tution: residence before admission)
H	JLL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDI	E CITY LÍMITS?
5	Levindale Hebrew Home an	nd Infirmary	Baltimore E. STREET AND NUMBER		YES NO
Æ	SEX 6. RACE 17. see P.D.		Belvedere and		
	SEX 6. RACE 7. MARR Female Caucasian WIDOV Cusual Occupation (Give kind of work 108, KINI		5/20/1890	26 80	if Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
doi	ne during most of working life, even if retired	OF BUSINESS OK INDUSTRY	RIGHTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A.E.	
15. (Ye	Was Deceosed Ever In U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of servi	ce) 16. SOCIAL SECURITY NO.	17. INFORMANT	A	ADDRESS
-	18. / 4 3 01	CAUSE OF DEATH	Hosp cha		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0.1000 01 02.7.1			BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the distinjury or complication which caused death.)	e.g., ODUE TO, OR AS A	SE CARCINOTA A CONSEQUENCE OF:	OF CECUM	; Years
	ANTECEDENT CAUSES	44			
	DISEASES OR CONDITIONS, if ony, given ise to the obove couse (A) stating UNDERLYING CONDITION lost.	ine	A CONSEQUENCE OF:	***************************************	***************************************
1	11	(C)	***************************************		
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG IAL			
CERTIFIC	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208 IF YES WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED
CAL	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY (e.g., ir home, lorm, loctory, street, of etc.)	or about 21C. WHERE DID ice bldg., INJURY OCCUR?		city, give exact location)
MEDI	21D-TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED White At Not While Work Not Work		JRY OCCUR?	
	22. I certify that (I) (this hospital) attende	ed the deceased from	January 8 1	9 62 to Nov	vember 30 1970
	that (I) (we) last sow the deceased alive of	November 30	19 <u>70</u> ond tho	t in (my) (our) opinio	on death occurred on the date
	and hour and from the couses stated above	e. (1) (We) (did) (did not) vi	ew the body ofter deoth.	-	
-	The Killing		nding Med.		December 1, 1970
	23C.PHYSICIAN'S NAME (Type)		3D. ADDRESS		December 1, 1970
24/	Theodore R. Reiff, I	M.D. DEGREE	Levindale Hebre		
	REMOVAL (Specily)	0 1	1 0 1	2 alto	town, or county) (Stote)
254	DATE REC'D BY HEALTH DEPT. 258 NAM	he of registrar	25C. FUNERAL DIRECTOR	4 0	010 Raddress
VS	DEC 3 1970 168ex & Jan 150-REV. 1/1/68	مان مناس	1200000		7 7 00300- 01

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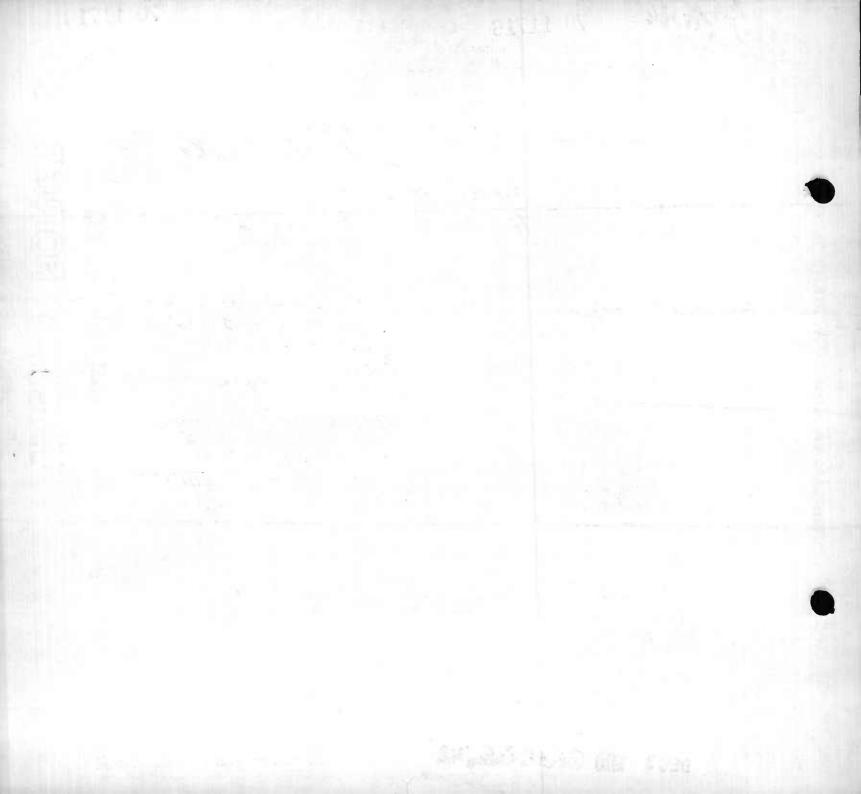
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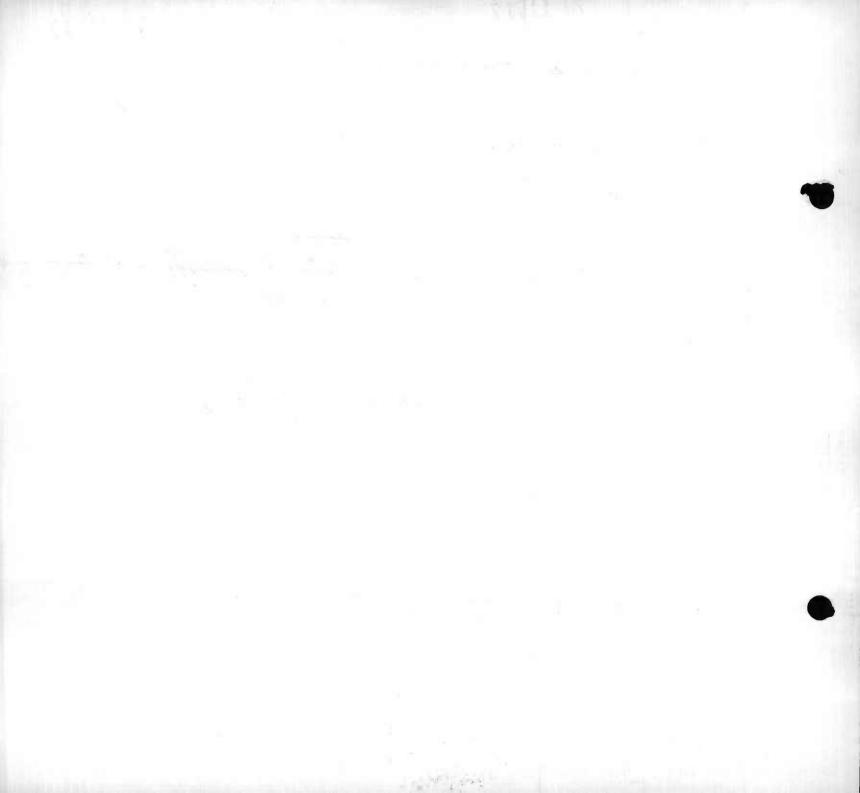
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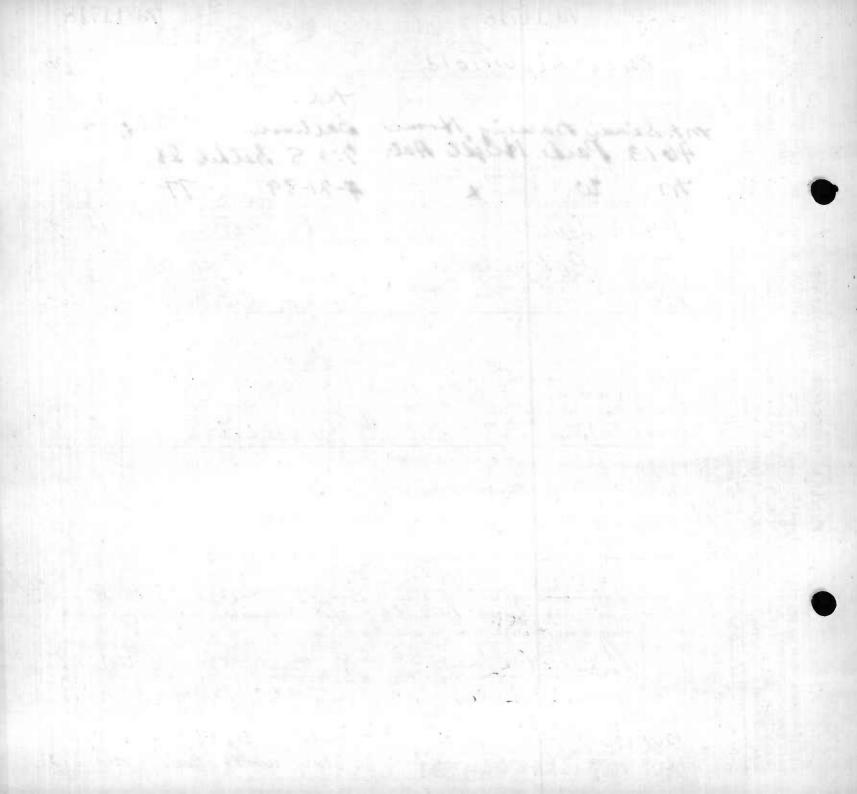


X=162 70 117		HEALTH DEPARTMENT Registered No.	70 11716
M.E. CASE NO.		TE OF DEATH Registered No.	
Type of Print) NAVISOKAS KA	ISAVATAS /	12/1/70	140 Pm
FULL NAME OF (If not in hospital or institution)		A. STATE B. COUNTY	finstitution: residence before odmission
HOSPITAL OR oddress of location) INSTITUTION IMPERYL AND GENE	No leaf in the same		te RURAL ond give township)
IMERILAND GONG	<i>V</i>	D. STREET ADDRESS (If turol, give location)	
	RRIED, NEVER MARRIED DOWED, DIVORCED (specily)	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
one during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country)	12, CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (II yes, give wor or dotes of se	16. SOCIAL SECURITY NO. 214-16-8541	HOSPIAL RECORD	ADDRESS
DISEASE OR CONDITION DIRECTLY	CAUSE	piration of Coastine Co	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the made of dying, heat foilure, osthenia, etc. It means the di injury or complication which caused death.)	seose,	De tonation Colin	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any,		example of He Ch	2
UNDERLYING CONDITION lost.	the (C) Co	outes Post op 11/25	26
OTHER SIGNIFICANT CONDITIONS CONTRIDED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		y fishes solateral appendo	120 M
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WES	RE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21 B. PLACE OF INJURY (e.g., home, lorm, loctory, street, oetc.)	n or obout 21 C. WHERE DID (II in Boltin ffice bldg., INJURY OCCUR?	nore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour of INJURY (APPROX.)	While At Work At Work		
22. I certify that (1) (this hospital) atterthat (1) (we) last saw the deceased aliv	nded the deceosed from	11/ 34 19 20 10	2 / 19 2 O
and haur and from the causes stated about			
23A. SIGNATURE	M.D. Att	ending Med. Stofl Phys.	23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	245. M.D.	MA G. HOSPITMC	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 12-4=70	24C. NAME OF CEMETERY OF CR Nost Holy Redeemen		(City, town, or county) (State)
DECS 1970 Com E.	M OF TERM AT	1 25C FUNERAL DIRECTOR INC. 1600	Hollins St
E 150 DEM 1/1//F			

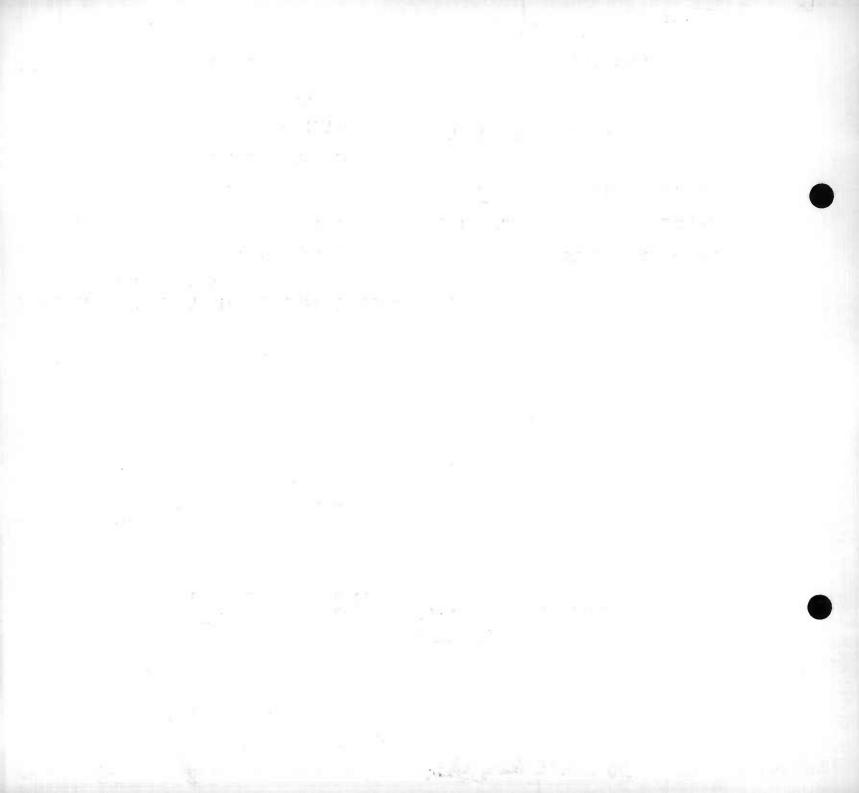




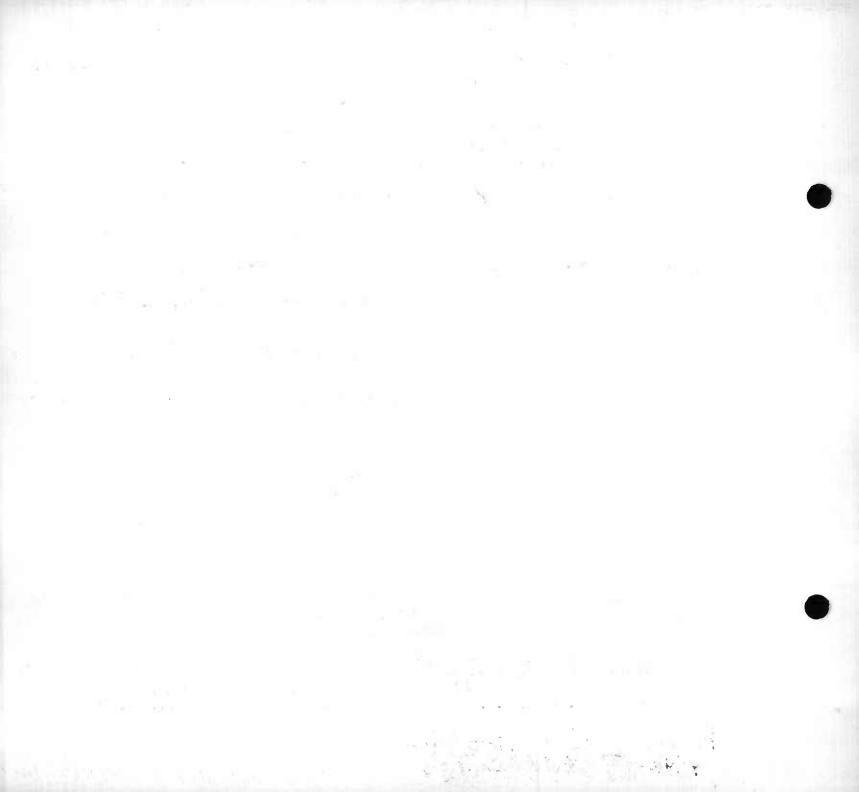
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1/)-620 70 1171	CERTIFICA	TE OF DEATH	REG. NO.	0 11/10
	TH NO. AME OF DECEASED	OEK THICK		D HOUR OF DEATH	
	e or Print) U	1:T-11		0-70	910
2 1	PLACE IN BALTIMORE MARYLAND, WHERE PRO	NOUNCED DEAD		T	titution; residence before admission)
3.	TAGE IN BALLIMONS MAKILAND, WHERE PRO	NOUNCED DEAD	A. STATE A B. COUN	ITY	
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	That.		203
IN:	TITUTION	(11)	C. CITY OR TOWN		E CITY LIMITS?
7	nt. Sinai nurse	ig Itome	Dallimore)	YES NO
1	4613 Park 14	east Ave.	E. STREET AND NUMBER	+10.0x	
		To your or the second	100 3,01	echel XI	
5. 5	6. RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
	171 WIDOV		4-01-07	PI	
	USUAL OCCUPATION (Give kind of work 10B, KINE e during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
8011	PAPER HONGER		POL G	2010	11.5A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	0 0 /
	- 0-0	Cili			1
1.0	BOKOW	SKI		KNOUN	
15. (Yes	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS 706
	NID		THOMAS A	SAROUSKI	S BETHEL
	18. 11 10 9 1	CAUSE OF DEAT	H	70100010	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	PAN	n-Porreu	more	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAL	ISE	,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1000
	(This daes not meon the made of dying, heart failure, asthenia, etc. It means the dise	B.G., DUF TO OR AS	A CONSEQUENCE OF:		4
	injury ar camplication which caused death.)	// -	1 minule.	of shore	es 3 weeks
	ANTECEDENT CAUSES	acu	61119000000		
	DISEASES OR CONDITIONS, if any, gir	ving (B)	A CONSEQUENCE OF:	1 / _	~
	rise to the above cause (A) stoting	the Treemo	Lory, tube	dansage	Lucals
	UNDERLYING CONDITION lost.	(E)	Acto	ear-one,	
7			70 000		
9	OTHER STONIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN		1000		
CAI	DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or No	1 200 IE VEC WEDE EI	NOINCE CONSIDERED
ERTIFIC	WAS PERFORMED	OK WHICH OPERATION	ZON. AUTOPSTITIES OF THE	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
CERT	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Calsimona	City give exact legation
	OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	fice bidg., INJURY OCCUR?	(ii in Boitimore	City, give exact location)
CAI	DEATH (notify medical examiner)	etc.)			
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)	While At Not While Work At Work			
	22. I certify that (I) (this hospital) attend			1970 to 7	Lev 30 19 70
		n - 20	10		
	that (I) (we) last saw the deceased alive			lat in (my) (aur) apin	ian death accurred an the date
	and hour and from the causes stated abov	e. (I) (We) (did) (did-nat) v	riew the bady after death.		and the second s
	23A. SIGNATURE	7 2 2	ending Med.		23B. DATE SIGNED 70
	pariel	LEUM GEGREE Phy		Staff Phys.	12/1/
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	11 to	12 00 M
	IN ANUEL LA	EVIN M.D	6/01 Vark -1	HID OUT	Dallo / Nd
244		C. NAME of CEMETERY OF CRI	EMATORY 24D. L	OCATION (City	, town, or county) (State)
	REMOVAL (Specify)	11 C/ C/	ANKI DIS	Augl Day	100
254	DATE REC'D BY HEALTH DEPT 25B, NA	ME OF REGISTRAR	DISC FUNERAL DIAFCTOR	DUNUHLY	ADDRESS
254	DEC 9 40720 (2) 4 C 3	A A A A R	25C. FUNERAL DIRECTOR	BER & SON	401 CHESS
	UEU J MIN VOUCET CO	and and	3077.0	7775	S CHESTER
VS	150-REV. 1/1/68				

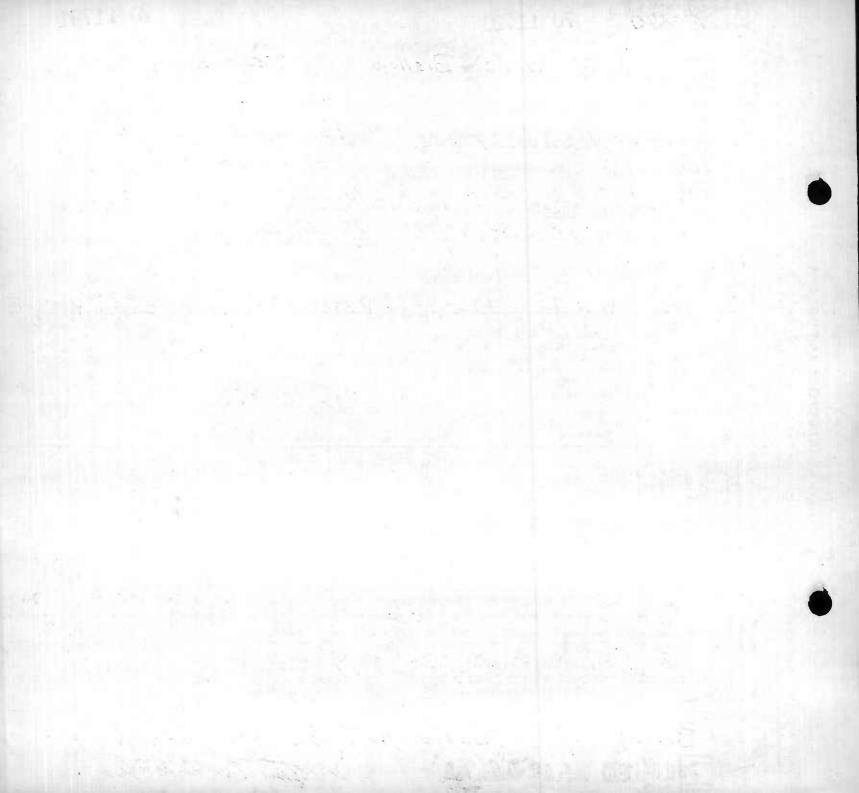


-lyl	7-536 70 11719 CERTIFICAT	HEALTH DEPARTMENT 70 11719
7005	70 11719 CERTIFICATE	TE OF DEATH REG. NO.
of deatl Decease e on the	1, NAME OF DECEASED (Type or Print) INDRASIUS, ONA	2. DATE AND HOUR OF DEATH
of done	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived if institution; residence before admission)
hosi ise (5) anc dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND 2854
_ 0 N 9	ST AGNES HOSPITAL	C. CITY OR TOWN BALTIMORE D. INSIDE CITY LIMITS? YES NO NO
uting bed cau ir att prior de.		E. STREET AND NUMBER 513 OLD ORCHARD RD
occurre ontribut ermined regular eased p	FEMALE WHITE WIDOWED DIVORCED	7 26 94 9. AGE (In years If Under 1 Yr., If Under 24 His. Months Days Hours Min.
or condet	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 1 dens during metal working lifs, even if refired) CLOTHING	RUSSIA 1. BIRTHPLA CE (Stole or foreign country) RUSSIA RUSSIA
÷ (4) y + v ods	THOMAS SADAUSKAS	MAR E SADSKI
kind deat	It is, no of unknown) (if yes, give wor of doles of service) SECURITY NO.	7. INFORMANT CATON BALTO MD 2122 Boress 2 ST AGNES HOSPITAL RECORDS WILKENS 8
edical examiner or his as dical examiner. Also, if urns; (3) A fracture of any ysician who pronounced was in regular attenda	injury or complication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stoting the UNDERLYING CONDITION last. (6)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONSEQUENCE OF: CONSEQUENCE OF:
by the chief me pital by a med re; (2) Body bu where the phy No physician of d before the rer	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, officetc.)	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Or obout 21C. WHERE DID or ob
he hospita ny nature; except whe and (6) No	21D.TIME (Month! (Doy) (Year! (Hour) 21E. INJURY OCCURRED While At Not While At Work At Work 22. 1 certify that (X) (this hospital) attended the deceased from	11 25 170 , 12 2
d 00.	that (N) (we) lost saw the deceased alive an 12/2	1970 and that In(my) (our) apinion death occurred on the date
eased to ident of nospital death) must be	and hour and from the causes stoted abave, (1) (We) (did) (614 not) vie	w the bady after death.
must releas iccide a hos a hos rel mu	23A. SIGNATURE Attend Phys. 23 C. PHTSICIAN'S 123	
certificate mody was relast (1) An acc D.O.A. at a last desert as a prior to the approval	NAME (Type) AND AND AND AND AND DEGREE 24A. BURIAL CREMATION 124B. DATE: 124C. NAME & CREMETERY.	D. ADDRESS Hospital
od Si O.O.	REMOVAL (Specify) 124. NAME OF CEMETERS OF CREME 25A. DATE REC'D SY HEALTH DEPTY 25B. NAME OF REGISTRAR	THEDRAL BALTO MD.
This the b show was dece	DEC 3 1970 Robert E. Jankey C. 1	WEBER FUN. HOME 53 DESS



2-200 70 1: BIRTH NO.	CERTIFICA	Y HEALTH DEPARTMENT REG.	No. 70 11720
1. NAME OF DECEASED (Type or Print) Lewis, Glace	iys	2. DATE AND HOUR OF 11/28/70	DEATH 1 3:45 Å.
3. PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased line A. STATE B. COUNTY	
INSTITUTION	or institution, give street on) Lty Hospitals	Md. C.CIY ORTOWN Baltimore	D. INSIDE CITY LIMITS? YES NO
3/ 4940 Easterr		E. STREET AND NUMBER 1406 N. Washington S	
	MARRIED NEVER MARRIED	8. DATE OF BIRTH 19. AGE (In ve	ears Il Under 1 Yr Il Under 24 His
	VIDOWED DIVORCED	8/25/24 losi birthday)	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108 dose Opring most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTR
1 yerses aide -		NC	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	, -
Eszard 0	arrell	Joanna - 🖦 Le	WN
15. Was Deceased Ever In U. S. Armed Forces (Yes,no or unknown) Uf yes, give wor or dotes of	service) 16. SOCIAL SECURITY NO.	BCH: Records Baltimo	stern Avenue re, Md. 21224
18.4 10.91	CAUSE OF DEAT	н	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIREC	TLY	man P. l.	BETWEEN ONSET AND DEA
(This does not mean the made of dy		USE Massive Kultuman A CONSEQUENCE OF:	ey law to Cur 6 fore
heort foilure, osthenio, etc. Il meons the injury ar camplicotian which caused de	disease,	A CONSEQUENCE OF:	
ANTECEDENT CAUSES	ma	orardial T. Pare	tion 4
DISEASES OR CONDITIONS, if any	, giving (B)	A CONSEQUENCE OF:	1 weeks
rise la lhe above cause (A) sla UNDERLYING CONDITION last.	ling the		
_ 11	(C)		
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED TO THE T DISEASE OR CONDITION GIVEN IN PART 1	IBUTING OL	enty.	
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED TO THE TI DISEASE OR CONDITION GIVEN IN PART 1 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM U 21A. ACCIDENT WAS UNDERLYING TO	ON FOR WHICH OPERATION	20 A-AUTOPSY? (Yes or No.) 20 B. IF YES IN CERTIFY!	WERE FINDINGS CONSIDERED NOTE AS SEE THE SEE T
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	218. PLACE OF INJURY (e.g., I home, farm, foctory, street, of elc.)	n or obout 21 C. WHERE DID (II In lice bidg., INJURY OCCUR?	Baltimore City, give exact location)
	out 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While AI Work Not While Work	•	
22. 1 certify that (1) (this hospital) at			Nov. 28, 1990
that-(t) (we) last sow the deceased o	# /	Ac	ur) aplaion death occurred an the do
and hour and fram the couses stated	obave. (1) (We) (41d) (did not) v		
23A. SIGNATURE	11 110	W-12	23B, DATE SIGNED
William 0.	Hunt In. DEGREE Phys	nding Med. Staff Phys.	Nov. 28, 191
23C-PHYSICIAN'S NAME IType)	DEGREE	23D. ADDRESS Baltimore City	
William P. Hunt	, M.D. GEGREE		alto., Md. 21224
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME OF CEMETERY OF CRE		(City, town, or county) (State)
Burial 123-10	HABUTUPLE	M. Park Hubiti	NIN.
0500	NAME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS
DECS 1970 Jegge E.	Jaken KD	ELKIOTI Faxicral	Home+1/29N1410/1
150-REV. 1/1/68	-		

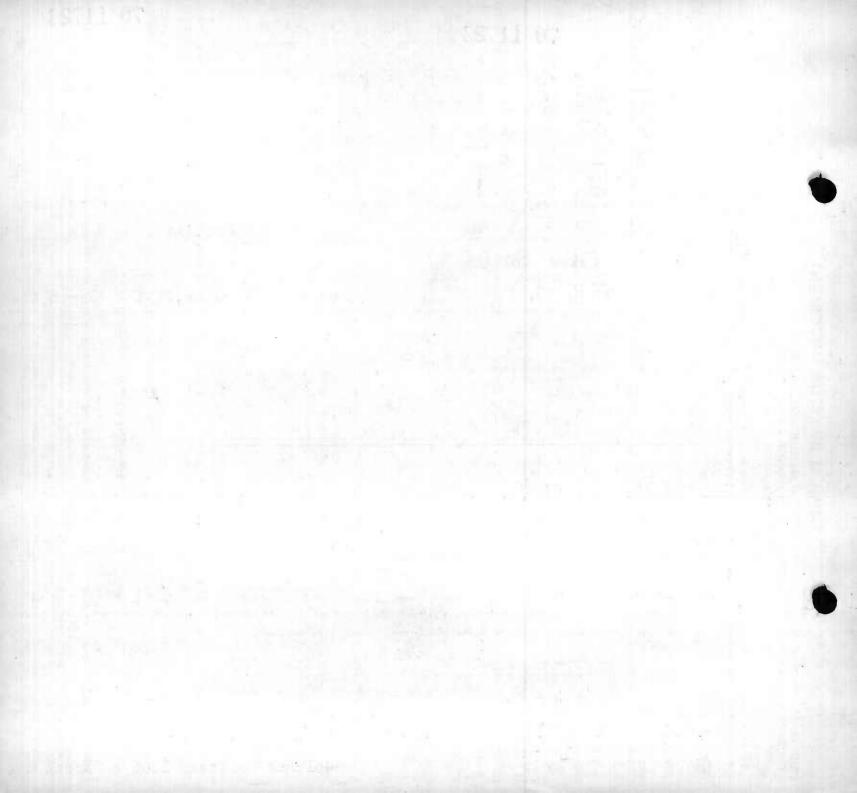




1	n 70 1	1722	BALTIMORE CITY	HEALTH DEPARTMENT	/	U III/AZ -
BIRTH NO.	222844	who is little count	CERTIFICA	TE OF DEATH	REG. NO	
I. NAME OF DEC	Baly Bo	ry of S	hade T	empler 2. DATE A	DOWN 11	26/1970
FULL NAME OF	TIMORE, MARYLAND, W	AL OR INSTITUTI		A. STATE MARYLAND	ere descased lived. If insl NTY	titution residence before admission
HOSPITAL OR	ADDRESS OR LOC.			C. CITY OR TOWN BALTIMORE		YES NO
3.3 THE	JOHNS HOP	KINS HO	SPITAL	E. STREET AND NUMBER		
. SEX	6. RACE	17		B. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr If Under 24 Hrs
MALE	NEGRO	WID OWED _	DIVORCED	11-21-70	lost birthdoy)	Months Doys Hours Min.
	UPATION (Give kind of wor working life, even if retired)	108, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		12. CITIZEN OF WHAT COUNTR
					ital Balto.	
FATHER'S NA				14. MOTHER'S MAIDEN NA	ME MU.	
CARRO	LL THOMPSON	1		SHEILA		
S. Was Deceased les, no or unknown	Ever in U. S. Armed Fo	ces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18> 11	8		CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY			VALUE OF THE OWNER.	BETWEEN ONSET AND DEAT
	LEADING TO DEATH		(A) IMMEDIATE CAL	ISE CEVA	a u zuves	#
	nat mean the made of asthenia, etc. It means			A CONSEQUENCE OF:		
	nplication which caused		A.		0 00 1	
	ANTECEDENT CAUSES		(8) He	man 12stic	left hoo	ut l
	OR CONDITIONS, if		DUE TO, OR AS		V	
	e above cause (A) G CONDITION last.	staling the	(c)	9		
	II		(0)			
TO THE DEA	FICANT CONDITIONS CO	HE TERMINAL			**************************************	
19A. DATE O	F OPERATION 198. CON WAS PER	DITION FOR WH	ICH OPERATION	YES	o) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner		ACE OF tNJURY (e.g., i form, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore	City, give exoct location)
21 D. TIME OF INJURY (APPROXI	(Month) (Doy) (Year)	(Hour) 21 E, IN While Work	At Not While		JURY OCCUR?	
22. I certify	tho (1) (this hospita	Dattended the	deceased from	11/25	19 70 to	11126 1510
	lost sow the decease	12.60	3 ()	150		ion deoth occurred on the do
and hour an	d fram the couses sta	red obover (I)	We) (did) (did nat)	iew the body ofter deoth.		
23A. SIGNAL	WE OWN	M	0			238. DATE SIGNED
	HOCK IIII	· 1Va	TO PHY	nding Med. Director	Staff Phys.	11/26/30
23C. PHYSICIA	JOEL N	1. VAVIO	н	THE JOHNS	HOPKINS HO	SPITAL
4A. BURIAL CRI	MATION. 24B. DATE	24C. NAN	NE of CEMETERY of CR	EMATORY 24D. I	LOCATION (City	(Stote)
Cremat		70 Jo	hns Hopkin	s Hospital 60)1 N. Broad	way Balto, Md
	BY HEALTH DEPT.	2SB. NAME OF		2SC, FUNERAL DIRECTO		ADDRESS
DEC 3	1070 P.R. B	2 Laken	18.8	TIMEDI	TAL DISPO	SAL
150 BEN 1/1	A CONTRACTOR OF THE PARTY OF TH		ada B	TOOT	THE MANAGE OF	

- torse of a second sec Bon Hulsderly god AND THE REPORT OF THE PARTY OF

20





6-560 70 11735 BALTIMORE CITY HEALTH DEPARTMENT TO 11735	
SIRTH NO. CERTIFICATE OF DEATH REG. NO. 1. NAME OF DECEASED [1. DATE AND HOUR OF DEATH / C. CO.	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased wod, If institution; residence before adm	2
A. STATE B. COUNTY	issia
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND ADDRESS OR LOCATION)	30
INSTITUTION ID. INSIDE CITY LIMITS?	
GOULD NURSING HOME BALTO. YES NO	_
SPRING GROVE STATE HOSP	
MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years last birthday) Manths: Doys Hours A	4 Hr
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole at loreign country) 12. CITIZEN OF WHAT COL	JNTF
CANDY MAKER CANDY MARYLAND U.S.A.	
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
JOHN BAUMMER KATHERINE KEMMIT	
5. Wos Deceosed Ever In U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	
No NE Mr. Joseph A. Baummer - 616 Highwa	00
18.44 3 7 9 1 CAUSE OF DEATH APPROXIMATE INTE	3
DISEASE OF CONDITION DIRECTLY	DEAT
LEADING TO DEATH	
(This does not mean the made of dying, e.g., heart lailure, asthenia, etc. It means the disease,	
injury or complication which caused death.)	
ANTECEDENT CAUSES (B) Chlinoschote Conhormale Oring years	
DISEASES OR CONDITIONS, il any, giving ise to the above cause (A) stating the	10.004
UNDERLYING CONDITION last. (C)	
Chroni Bui Suna	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). LANGE FULL TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION 2004. AUTOPSYS (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED.	
19A. DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (II In Boltimere City, give exact location)	
DEATH (notify medical examiner) home, form, factory, street, affice bldg., INJURY OCCUR?	
21D. TIME (Manth) (Dayl (Yea) IHaut) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
OF INJURY While At Not While	
Work At Work	
22. I certify that (I) (this heapitel) attended the deceased from	
that (1) (was) last saw the deceased alive on	dot
and hour and from the causes stated obove. (1) (We) (did) (did-not) view the body ofter death. 23A. SJOTSATURE	
23R DATE SIGNED	
Director Phys. Director Phys.	
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	
IA. BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY OF CREMATORY 24D, LOCATION (C)	
REMOVAL (Specily)	te)
BURIAL 12-3-70 HOLY REDEEMER LEM. BALTO. MD.	
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR.	1
DEC 3 1970 Robert E. Janban Ra Vento Monto - 2334 Jefferson	1

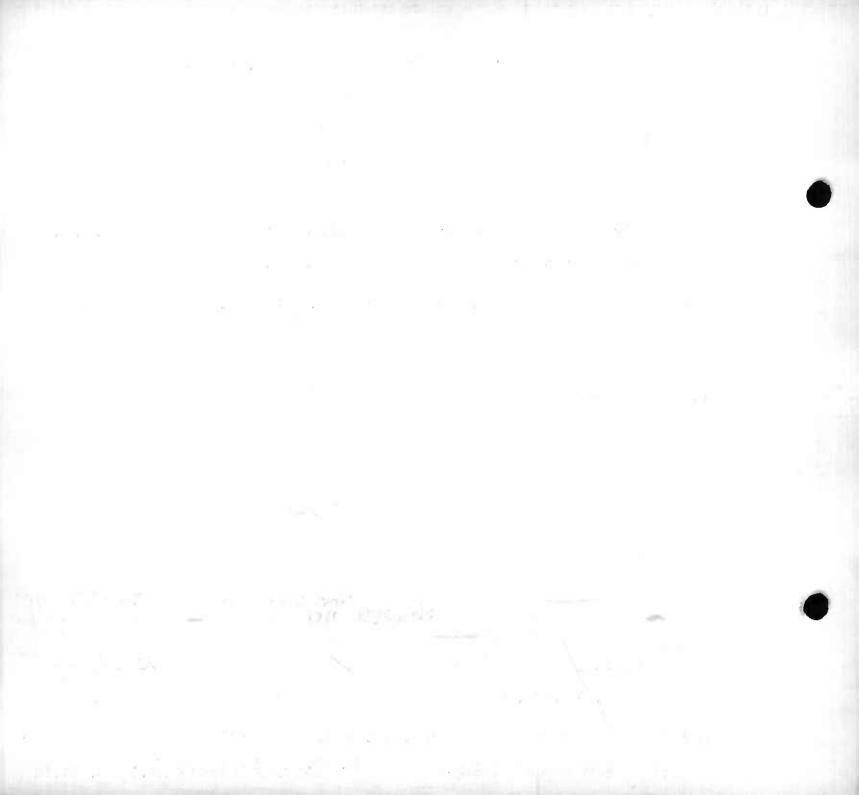
Inspring Grove since 1948

WITTE KURAL ont give township) If Under 24 Hrs. Hours Min. Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (our) opinion death occurred an the date 23 B. DATE SIGNED (City, town, or county) ADDRESS

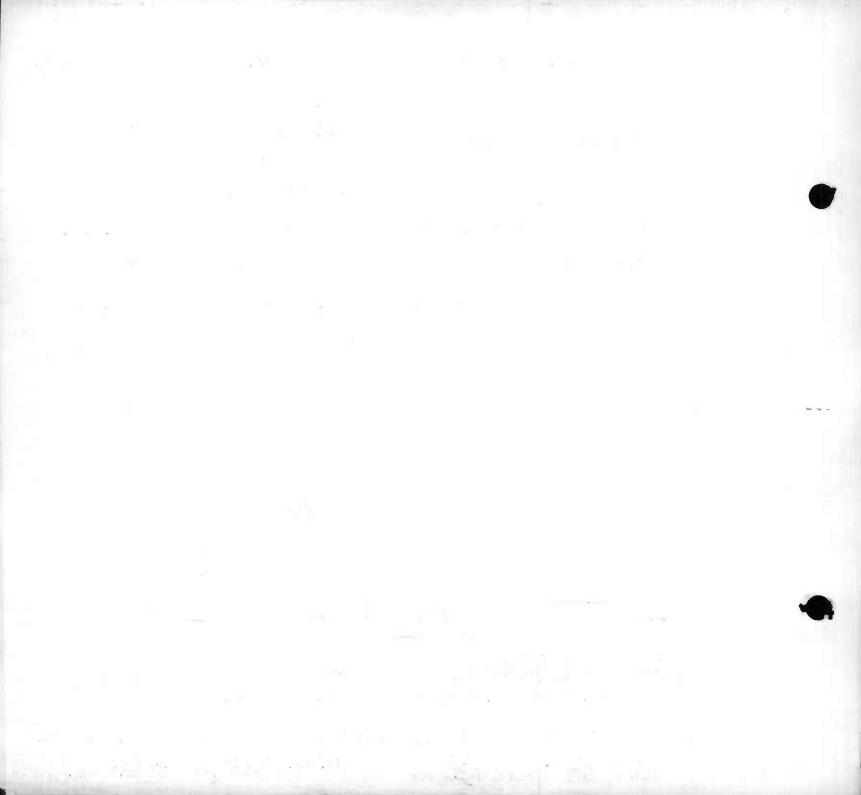
IMPORTANT

DIRECTOR:

FUNERAL



BIRTH NO.	11728		Y HEALTH DEPARTMENT	reg. No. 70 11728
1. NAME OF DEC (Type or Print)	136.	rd Roeder	2. DATE AND HOLD Dec. 2	
3. PLACE IN BAL	IMORE, MARYLAND, W	HERE PRONOUNCED DEAD		osed lived. If institution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	Maryland c, city or town	D. INSIDE CITY LIMITS?
00	1540 Northw	ick Road	Baltimore E. STREET AND NUMBER 1540 Northwick	
5. SEX	l VV	7- MARRIED NEVER MARRIED DIVORCED DIVORCED	8-28-1891 lost bir 79	
done during most of v	vorking life, even if retired)	Gunther Brewery	Y 11. BIRTHPLACE (State er foreign cou Manyland	12. CITIZEN OF WHAT COUNT
13. FATHER'S NAM	ohn Roeder		14. MOTHER'S MAIDEN NAME Katherir	ne Thoms
15. Was Deceased (Yes, ne or unknewn)	Ever in U. S. Armed Forc (III yes, give wer or dotes	16. SOCIAL SECURITY NO. 216-05-4082	Mrs. Katherine	Roeder Same
rise le lhe UN DERLYING	R CONDITIONS, if a obeve cause (A) CONDITION last.	stating the (C)	S A CONSEQUENCE OF:	
19A. DATE OF	WAS PERF	DITION FOR WHICH OPERATION ORMED	20 A. AUTOPSY? (Yes er Ne) 20 B. IN C	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examine)	218. PLACE OF INJURY (e.g., heme, ferm, foctory, street, etc.)	in er ebout 21C. WHERE DID effice bidg., INJURY OCCUR?	(If In Beltimere City, give exoct lecetion)
21 D. TIME OF INJURY (APPROX.)	(Month) (Dey) (Yeer)	(Hour) 21E, INJURY OCCURRED While A: No: Whi Werk A: Werl	21F. HOW DID INJURY O	CCUR?
	that (I) (this haspitel) Jast sow the deceased	d olive on	19 7 6 and that In (r	ta 19 7 19 7 19 7 19 7 19 7 19 7 19 7 19
and hour and		ed above. (1) (We) (did) (did not)	view the body after death.	
Co	madl	DEGREE PH	ys. Directer Phys. C	23B. DATE SIGNED / 2/2/2/7
23G. EHYSICIAI NAME (T)	Dr. Con	rad L. Richter	3128 Harford	
Burial CREA Burial	MATION, 248. DATE pecity) 12-5-19	24C. NAME el CEMETERY er CI		ON (City, tewn, or county) (State
25A. DATE REC'D		970 Druid Ridge (1 /1 /2	sville, Balto.Co., Md. S & Sons Co., Md. 21



S-50 BIRTH NO.		11728		HEALTH DEPARTM		. No	70 11729	
1. NAME OF DEC	GEORG IAN	NA SWAN	N (Georgia	Swan	November 30		1	
3. PLACE IN BAL FULL NAME OF HOSPITAL OR INSTITUTION	TIMORE MARYLAND, W (IF NOT IN HOSPIT ADDRESS OR LOCA	At OR INSTITU		4. USUAL RESIDEN	CE (Where deceased & COUNTY	D. INSIDE C		
46	LUTHERAN HOS	SPITAL		E. STREET AND NU	MBER st Park Ave		s 🕅 NO 🗌	
5. sex Female	6. RACE Negro	WIDOWED	NEVER MARRIED DIVORCED X	8. DATE OF BIRTH	9. AGE (In) lost birthday)	eors II	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.	
10A. USUAL OCCI done during most of Retired	working life, even if relired)	108, KIND OF	BUSINESS OR INDUSTRY		e or foreign country) , North Car		U.S.A.	
13. FATHER'S NAME RIC	hard Walker			14. MOTHER'S MAIL	•			
15. Was Deceased (Yes, no or unknown)	Ever In U. S. Armed Ford Ill yes, give wor or dote	s of service	16. SOCIAL SECURITY NO. 219-10-8127	17. INFORMANT Mrs. Evel		2515 5	orest Park Avenu	
DISEASES OF THE PROPERTY OF TH	ol mean the mode of austhenio, etc. Il meons austhenio, etc. Il meons plicotion which coused ANTECEDENT CAUSES R CONDITIONS, if obove couse (A) CONDITION lost.	the discose, deoth.! ony, giving sloling the	(8) Hy	DENTERS A CONSEQUENCE OF A CONSEQUENCE OF A LIVES UIVUS	d Vusco/a Con Exioscler In For L		134rs t 134rs t 134rs t	
19A. DATE OF 21A. ACCIDEN OR CONTRIBU	OPERATION GIVEN IN PART OPERATION 198. CONI WAS PERF IT WAS UNDERLYING TING CAUSE OF medicol exomined	ORMED 218. P	PLACE OF INJURY (e.g., Ir, form, loctory, street, of	20 A. A UTOPSY? (Ye	ps or No) 20B, IF YES		INGS CONSIDERED OF DEATH? //, give exact location}	
21D. TIME OF INJURY (APPROX)	(Month) (Doy) (Yeor)		NJURY OCCURRED Not While At Work	21 F. HOW 0	OID INJURY OCCUR	?		
that (i) (we)	22. I certify that (I) (this haspital) attended the deceased from							
28C. PHYSICIAL NAME (Ty	J. Chille hn T. Chis	(l)	M- DEGREE Phys.	Med. Director	Shaff D	Ba 0.L	12-1-70	
REMOVAL (S Burial	12-5-70	24C. NA	ver Memorial		Laurel,	(City, to	wn, or county) (State) Maryland	
DEC 8		25B NAME OF	140	MORTON &	2 4	1701	ADDRESS Laurens Street	

decard a record of the contract of

M			MED	ICAL	EX	AMINER'S	CER'	TIFIC	CATE	OF	DEAT	H REG. NO	- 70	11/	30
BIRTH N		5.055					11			_				T	
Type or	Print)		ILLIAM	G. H	IAND	Y, Jr.		ATE OF ATH	Known Estimoted	_	Manth	Doy	Year	Hour	м.
4. PLAC	E IN BAL	TIMORE, MA	ARYLAND, Y	VHERE PR	ONOL	INCED DEAD		ATE			Month	Day	Year	Hour	
FULL NA HOSPITA OR INST	1	(IF NO	T IN HOSPITA	AL OR INST	ITUTIO	N, GIVE STREET			INCED DEAL			er 1,19		6:25	
01	9	440	2 Hadde	en Ave	nue		A. ST		Maryl			B. COUNTY	28	41	,
6. SEX	1.	7. RACE		8. MARRI	ED X	NEVER MARRIED			TOWN			D. INSIDE CI	TY LIMITS?		
Ma	OF BIRTH	Neg	NO ACE /	WIDOW		DIVORCED C			imore	-		YE	s 🗵	NO 🗆	
	12-19		10. AGE (I	37	Monih	Days Hours Min			Hadden		reet				
II. BIRT	HPLACE (S	tale or larel	gn country)			IZEN OF	13. F	ATHER"	SNAME						
		e, Mar			W	U.S.A.	h	/111	iam G.	Har	ndy, Si				
i 4A.USU ione duri	AL OCCUI	PATION (Giver orking life, even	rekind af work ven if relired)	148. KIND	OF BU	JSINESS OR INDUST	RY 15. A	NOTHER	S MAIDEN	NA	AE .				
	orer			Socia	al S	Security Adn	n M	lildi	red Fit	zh	ıgh				
6. WAS	DECEASI	ED EVER IN	U.S. ARMEL	FORCES	? 1	7. SOCIAL SECURITY NO. 215-28-8193	18. 11	NFORM	ANT			Al	DDRESS		
Yes		1-30-	52 dotes	-29-5	5	215-28-8193	3 Mr	's. (Catheri	ne	Handy	4402	Hadd	on Ave	nue
19.	4-	2 /				CAUSE OF DE	ATH							PPROXIMATE II	
1	DICEAC	E OR CONI	MICAL DIDE	CTIV		Carcin	oma	of C	Colon						
		LEADING TO	DITION DIRE O DEATH	CILT		4.5114450447	CAUCE								
(1			made of dy	ing, e.g.,		(A) IMMEDIATE		ONSEQ	UENCE OF:						
h	eart failure, Jury or com	, asthenia, et aplication wh	c, it means the ich caused de	olh.)											
		VIECEDENT				(B)	2 46 4 4	ONICEC	UENCE OF:						
R	ISE TO THE	ABOVE CA	ONS, IF ANY	TING THE		DOE 10, 01	K AS A C	CONSEG	WENCE OF						
	NDERLYIN	G CONDI	ION LAST.			(c)									
읟ㅡ			11												
	O THE DEA	ATH BUT NO	NDITIONS CO T RELATED TO I GIVEN IN P	THE TERMI											
20A					FOR W	HICH OPERATION V	NAS PER	REORM	ED				I21. AUTO	OPSY? (Yes	or No)
W W														no	
¥ 22A.	EVYEDI	NAL CAUSE	MAC		220 DI	ACE OF INJURY(e.g	Inare	shout 2	2C WHERE	DID /	if to Dolland	City also ava	et location)		
S UN	DERLYING	OR CON	ITRIB-			farm, lactory, street, of					in an banima	e City, give exc	er rocontany		
≥ 22D	NJURY		Day) (Yea	r) (Haur) 228	INJURY OCCURRED),	2	2F. HOW DI	D IN	JURY OCCI	JR?			
(AP	PROX.)				m. WH		T WHILE WORK								
23.	I cert	Ify that I I	neld on 1	nquiry [Inspection 🖾 A	utapsy		and that	on th	nis basis,	death In my	opinion		
	result	ed from:	Vatural car	ses X	Ace	cident Sulc	ide 🗌	Ho	micide 🔲	1	Undetermi	ned manner			
)		1.	. /			CHIEF MEDIC				- 41		
	ACTUAL		01	111/	. 1	1			STANT MEDI			X		DATE SIG	NED
	SIGNATI		onald l	V Kor	mb I	um,M.D.	.D.						12/	2/70	
	NAME (T	-11 5	ond to	101		. omitted .		A350	CIATE MEDIC	CALE	AMINEK		1-/-	-,,,	
24A. BU	RIAL CREA	MATION.	248. DATE		24C	NAME of CEMETER	Y or CR	EMATO	RY	24D.	LOCATION	(City, tawr	, ar caunty	(Ste	ote)
REMO	AL (Speci	fy)		70								4			
	urial		12-5-			arver Memor	rial	Parl			urel,		Mary	land	
25A. D.	DEC 3	BY HEALTH	PERROBE	13. F. A	a Wa	ERRORRAR			UNERAL DI				DDRESS		
	DEA 6	12/1	J. Japan		1		1	MUK	TON & D	YE	II F.H	. 1/01	Laure	ns Str	eet

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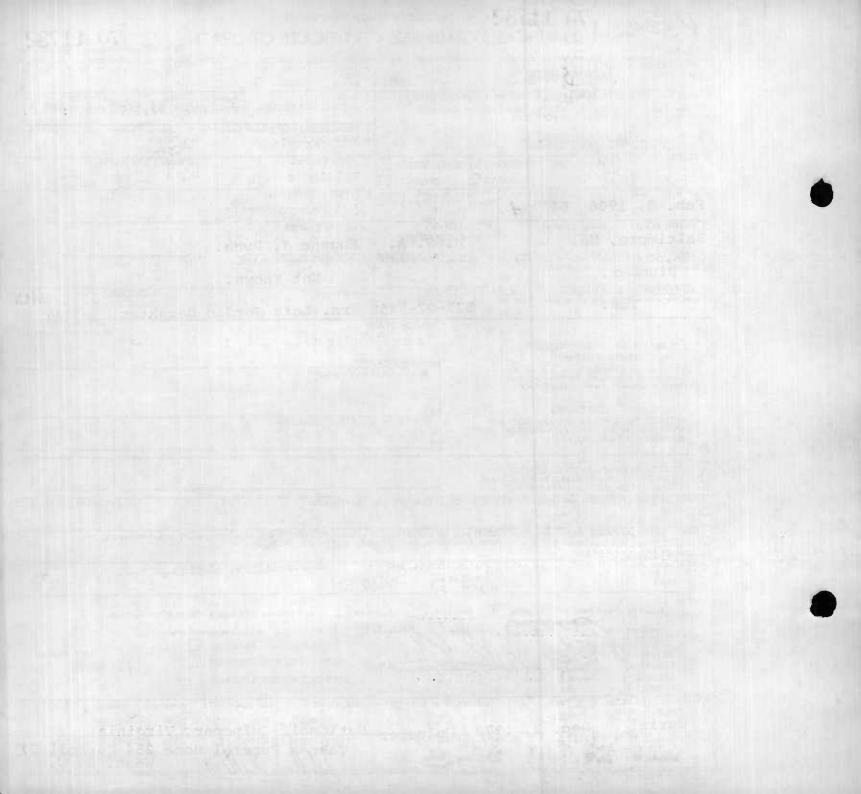
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\$2.500 70 11732 BALTIMORE CITY HE	
BIRTH NO.	CERTIFICATE OF DEATH REG. NO. 70 11732
I. NAME OF DECEASED (Type or Print) JAMES PYNE	2. DATE Known Month Day Year Hour OF Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL ADDRESS OR LOCATION)	3. DATE November 27,1970 8:38 P.
SINAI HOSPITAL	5. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before admission) A. STATE Maryland B. COUNTY 5/0
6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES NO
P. DATE OF BIRTH Feb. 8, 1906 10. AGE (In years ff Under 1 Yr. II Under 24 Hrs. Peb. 8, 1906 10. AGE (In years Months Doys Hours Min.	E. STREET AND NUMBER 3501 Berwyn Avenue
Baltimore, Md. 12. CITIZEN OF WHAT COUNTRY? A.	13. FATHER'S NAME Eugene J. Pyne.
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	Not Known.
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Wityes, give wor or dotes of service) 17. SOCIAL 577-07-785	18. INFORMANT ADDRESS 3512 WELL
19. 44 / 2 4. CAUSE OF DEA	The state of the s
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	AS A CONSEQUENCE OF:
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH.	In or obout 22C, WHERE DID (If In Bolitmore City, give exact location) bidg., etc.) INJURY OCCUR?
OF INJURY (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED.	WHILE CORK
23.	topsy ond that on this basis, death in my opinion
ACTUAL SIGNATURE ROnald N. Kornblum, M.D.	CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER 11/29/70
NAME (Type) 24A. BURIAL CREMATION. 124B. DATE 124C. NAME of CEMETERY.	AND SOUTH HERITAGE EXCHINATER C
REMOVAL (Specify)	(Sidely)
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRALE PET	National Culpeper, Virginia. 25C. FUNERAL DIRECTOR ADDRESS Takoma Funeral Home 254 Carroll S7
VS 151-REV. 1/1/68	A GARDINI AND AND AND AND AND AND AND AND AND AND



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DIRECTOR:

FUNERAL

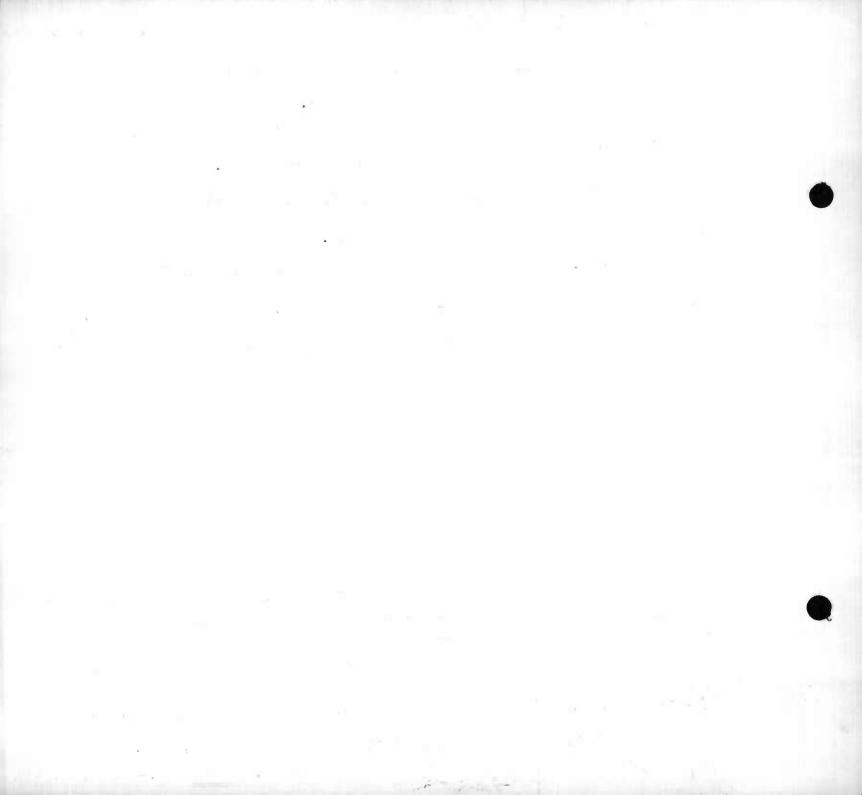
VS 150-REV. 1/1/68

No

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Il Under 24 Hrs.



0-165	70	11734 BALTIMORE CITY	HEALTH DEPARTMENT	REG. NO.	70 11734				
BIRTH NO.		CERTIFICA	TE OF DEATH						
1. NAME OF DEC (Type or Print)	MYRT			ber 1, 1970	O. 11:15A.				
3. PLACE IN BAL	IMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. Il inst	itution: residence before admissio				
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	Md .		2735				
ΙΝ ΣΠΤΟΠΟΝ					E CITY LIMITS?				
90	Long Gree	n Nursing Home	Baltimore		YES NO				
	nong dree.	nursing nome	3105 North	new Daire					
5. SEX	6. RACE	7- MARRIED NEVER MARRIED			If Under 1 Yr If Under 24 Hr				
Female	White	WIDOWED DIVORCED	4/11/1895	10st birthday)	If Under 1 Yr. If Under 24 Hr Manths Days Hours Min.				
10A. USUAL OCCU done during most of v House	rorking life, even if refired)	TOR KIND OF BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF WHAT COUNTI				
13. FATHER'S NAM			Md.		USA				
			14. MOTHER'S MAIDEN NAM	A E					
	illiam Schl		Catherine	Sauer					
5. Was Deceased Yes, no or unknown)	Ever in U. S. Armed Fore	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
No		215-01-7872	B Miss Vivia	n OlDain	a.c.m.a				
18. 2/ 4	0.91	CAUSE OF DEAT		u O.Brien	Same APPROXIMATE INTERVAL				
DISEAS	E OR CONDITION DIR	ECTLY	7		BETWEEN ONSET AND DEA				
	LEADING TO DEATH		1/4 101	Car 1/2	4 -				
1This does no	of mean the made of	dying e.g. (A)IMMEDIATE CAL	STATO	School					
heart loilure,	heart loiture, asthenio, etc. it means the disease,								
	injury or camplication which caused death.)								
A	NTECEDENT CAUSES	(8)							
	R CONDITIONS, II	any, giving DUE TO, OR AS	A CONSEQUENCE OF:						
UNDERLYING	above cause (A) CONDITION lost	stoling the							
	11	(0/							
OTHER SIGNIFICATION OF THE DEATH									
19A. DATE OF	OPERATION GIVEN IN PART OPERATION 198 CONI WAS PERF	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIN	IDINGS CONSIDERED				
DEATH (notify	T WAS UNDERLYING THE CAUSE OF medical exomined	21B PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	ar about 21 C. WHERE DID	(If In Baltimore	City, give exact lacation)				
M IOE INTELLED	(Manth) (Day) (Year)	(Hour 21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?					
IAPPROXI		While At Not While Work At Work		,	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
22	1 - (1) (-1		1 11 12 1	7	TTAIN				
		attended the deseased from	14 / / / /		19/				
1 .	ast saw the decease			it in (my) (aur) opinio	on death occurred on the do				
and have and	from the caluses state	ed shows. (1) (We) (did) (did nat) v	lew the body after death.						
23A. SIGN ATU		11/1/		2	3B. DATE SIGNED				
1/1/	()/ ///	Sul Decree (P)	nding Med.	Stoff [7]	1- Hen)				
23C. PHYSICIAN	25	DE EREE PHAS	Director L 1	Phys.	1 Doc/C				
23C. PHYSICIAN NAME TY	pe)	1/10			/				
		Africh MD MD MD MEGREE	5006 Roland A	Ave. Balto.	Md.				
REMOVAL (SE BULLA	ATION, 24B, DATE	24C, NAME OF CEMETERY OF CRE	MATORY 24D. LO		tawn, or caunty) (State)				
buria	7 77	70 Baltimore Nat:	ional Ba]	lto. Md.					
25A. DATE REC'D		258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS				
DEC 3	970 Robert 5	Ja Ben M. D.	Leonard J. I	Ruck, Inc.	Balto. Md.				
/S 150-REV. 1/1/6				,					

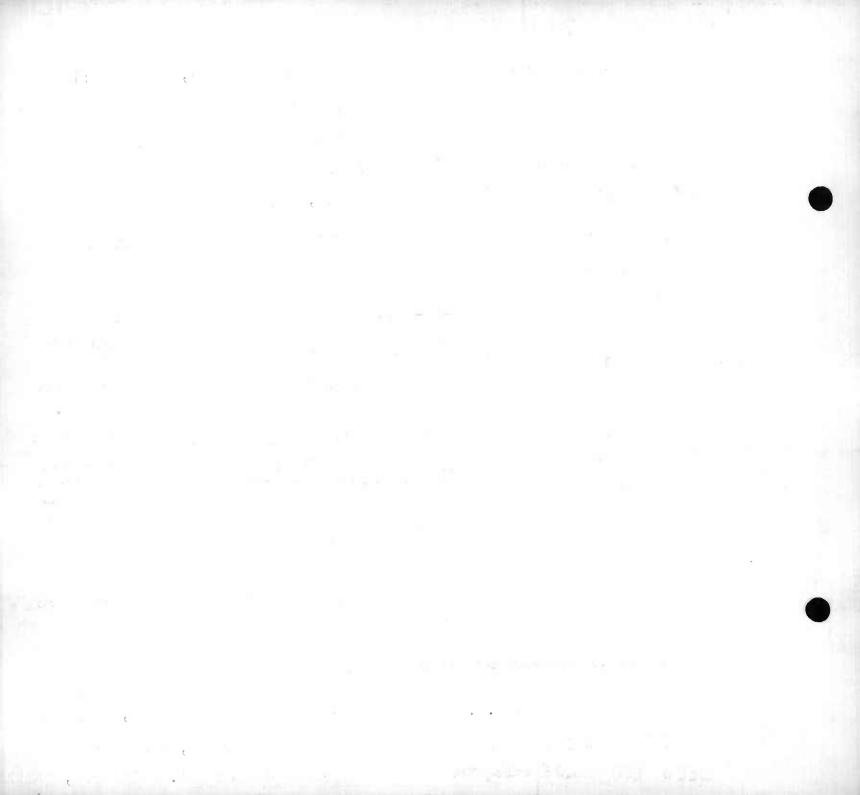


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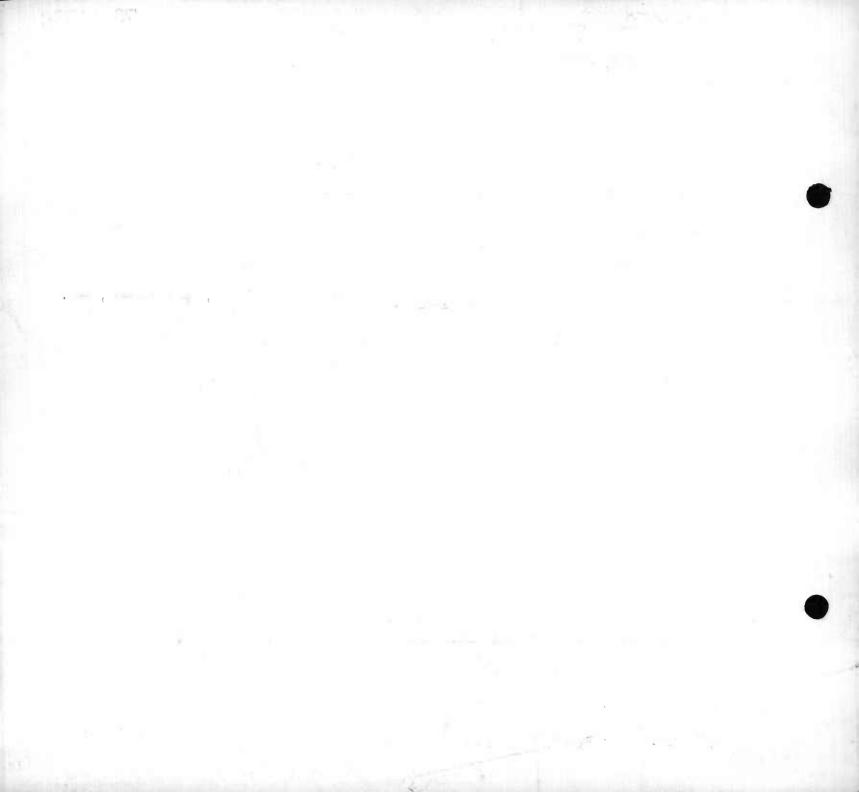
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D. INSIDE CITY LIMITS? YES No Il Under 1 Yr. Months! Doys Il Under 24 His. 12. CITIZEN OF WHAT COUNTRY? Estonia ADDRESS Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH uneu. 6 years 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimoro City, give exoct location) 11-28-1970 and that in (my) (our) opinion death accurred on the date 23 B. DATE SIGNED 3800 Erdman Ave Baltimore, Mar 1240. LOCATION (City, town, & county) Maryland Baltimore, Maryland J Ruck Inc. Baltimore. Leonard XXXXX

11735



VS 150-REV. 1/1/6B

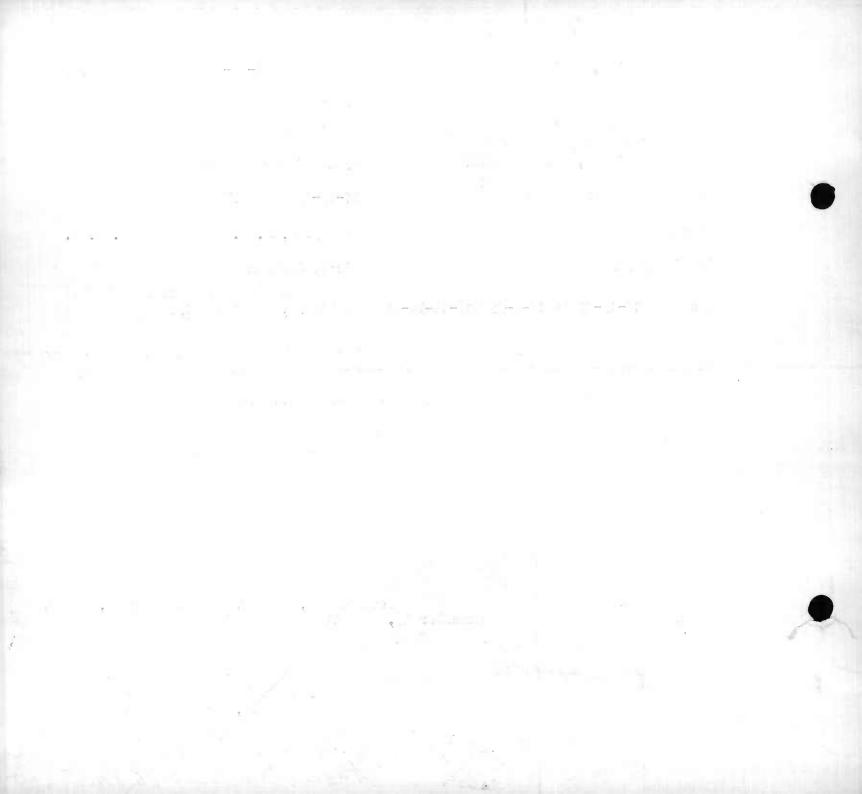


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150-REV. 1/1/6B



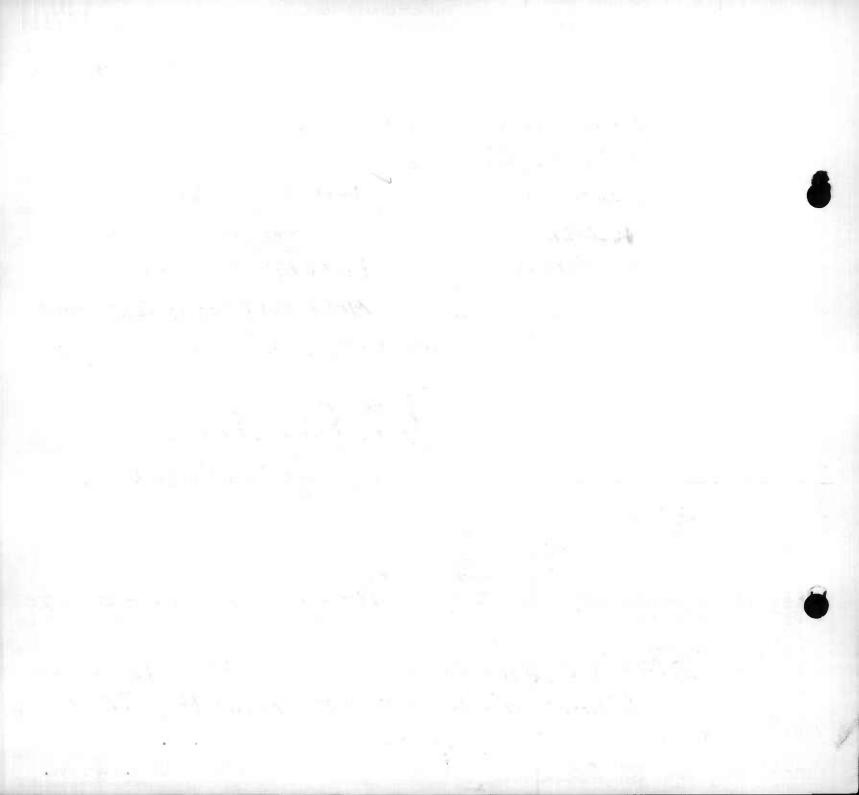
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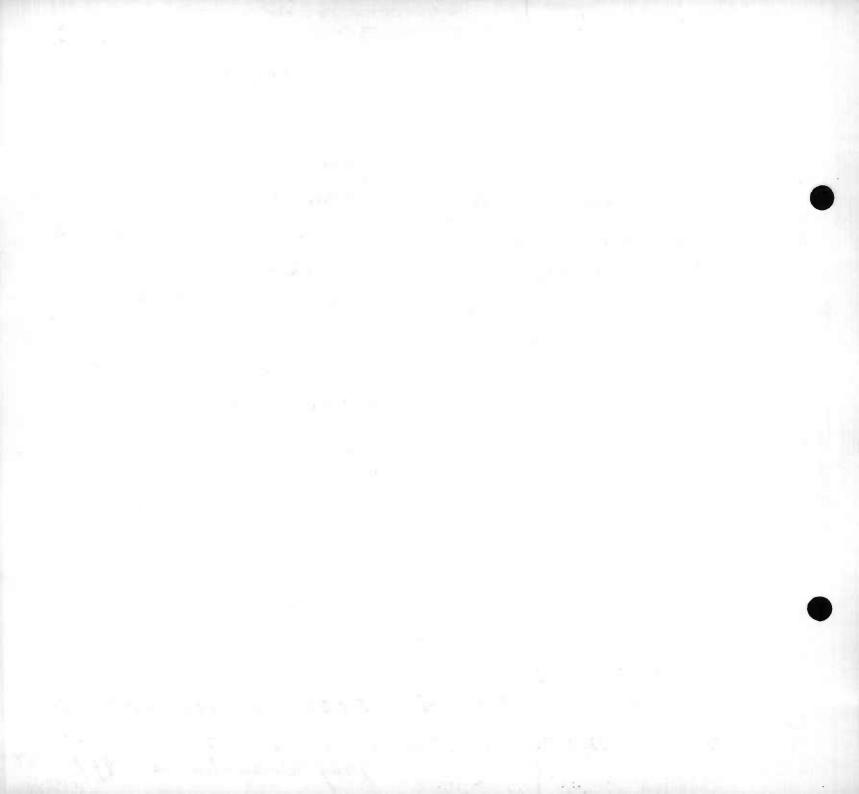
1		70.4	1770	BALTIMORE CITY	HEALTH DEPARTME	NT	,	1) 11739
6	-15	2	1739	CERTIFICA	TE OF DEAT	TH REG.	NO	7 36 36 7 GEL)
I. NAA	NO.	EASED				TE AND HOUR OF	DEATH	
Туре	or Print)	Edgar R. Li	vings'	ton		vember 30		1
3. PLA	CE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD				residence before admission
e		45 NOT IN HOSPITA	OR INICTIO	TITION ONE STREET	Marylar			1912
HOSPI	NAME OF TAL OR UTION	ADDRESS OR LOCA	TION)	UTION, GIVE STREET	C. CITY OR TOWN	-	D. INSIDE CITY	KIMITS?
3	OHON				Baltimor	e 21223	YES	
4	02 So	uth Addison	Stree	et	E. STREET AND NUM	BER		
					102 Sout	h Addisor	n Stree	t
5. SEX	The state of the s		7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye	ors If Un	der 1 Yr. If Under 24 Hr
	M	W	WIDOWED		Aug 3,189		79	
		JPATION (Give kind of work working life, even if retired)	108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. C	ITIZEN OF WHAT COUNTI
	_	r Inspector	Balt	timore City	Maryland		372 3	U.S.A.
	THER'S NA		Dai	ormore orey	14. MOTHER'S MAIDE	NNAME		
	Ge	orge W. Liv	inasta	on		lampitt		
5. Wa		Ever in U. S. Armed Ford		1 6. SOCIAL	17, INFORMANT			ADDRESS 04 007
		(If yes, give wor or dote:		SECURITY NO.				21223
Ye	S	ca. 1910		214-03-0411	Mildred L	ivingstor	1 102 8	. Addison S
18.	183	XI		CAUSE OF DEAT		0	20	BETWEEN ONSET AND DEA
- 1	DISEAS	E OR CONDITION DIR	ECTLY		A CONSEQUENCE OF	(Van Va	**	0
/T	hia daga sa	LEADING TO DEATH	Auto-	(A) IMMEDIATE CAL	ist dreemon	ed Unisia	10	Lyze,
he	eart foilure,	osthenia, etc. It means	the disease,		A CONSEQUENCE OF:			
in		plication which coused	deoth.)					
		ANTECEDENT CAUSES		(8)	••••	_		
		OR CONDITIONS, if			A CONSEQUENCE OF:			
		G CONDITION last.	slating the	(c)				
		Ш	-	, -,				
Z 01		CANT CONDITIONS CON						
ATION OI	THE DEAT	H BUT NOT RELATED TO THOUSENIN PART	TE TERMINAL	******************				
		OPERATION 198. CONT	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 208. IF YES	WERE FINDING	S CONSIDERED F DEATH?
2					no		Me onests e	
U 21	A. A CCIDE	NT WAS UNDERLYING JTING CAUSE OF	21 E	B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE	DID (If in UR?	Boltimore City,	give exact location)
DE DE	ATH (notify	medical examiner	elc					
0 21	D. TIME	(Month) (Doy) (Year)	(Hour) 21 E	. INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?	,	
5 0	PPROX.)		WI	nile At Not While				
20	1	.1 . (1) (.1 . 1			7.26.	10 /F	Mor. 3	0 19 70
		that (1) (this haspital)		the deceased from				
th	at (1) (we)	last saw the decease	d alive an	11041 0	19. 70	and that in (my) (apinian de	eath accurred an the de
			ed abave. (1) (We) (did) (did no t) v	iew the body ofter d	eath.		
23/	A. SIGNATU	RE & A	1	2 2 5			23 B, D	ATE SIGNED
	SALP	suoth all	relike	er Atte	nding Med. birector	Phys.	10	1.2.70
23	C. PHYSICIA			DEGREE	23D. ADDRESS	11	001	1 121223
	NAME (T	yper			15196.	Tompar	dett.	Ul timene his
24A. B	URIAL CRE	MATION, 248, DATE	24C. N	AME of CEMETERY OF CR		24D. LOCATION	(City, town	, or county) (Stote)
R	EMOVAL (12/04/						
	irial	12/01/		rraine Park		Baltimor	e, Mary	land
25A. D	ATE REC'D		25B. NAME	OF REGISTRAR	Walters'	2	lama D	ADDRESS
U	504	12/17 1/0952	- Agresia	of west.	waiters	runeral F	iome Pra	tt&Stricker
		/ B						

Marie Marie Eliminate in the state of the s

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VS 150-REV. 1/1/68



IMPORTANT DIRECTOR: FUNERAL

70 11743 QUAL RESIDENCE (Where deceased lived, If institution: residence before admission) No [If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS Mildred Tortoro DiPasquale, wife, abov APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH -12 mm 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimare City, give exact location) ond that in (my) (our) opinion death accurred on the date 238 DATE SIGNED (Stote) 25C FUNERAL DIRECTOR SCHIMUNEK Funeral Home, E. Ja. Ben K. D Inc. 3331 Brehms Lane V\$ 150-REV. 1/1/68



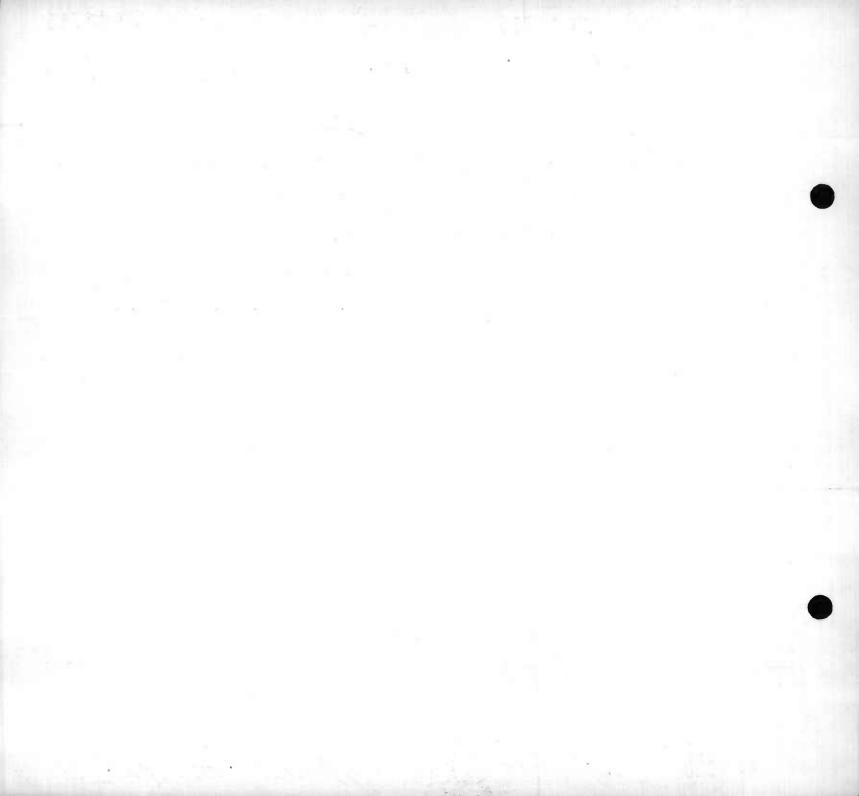
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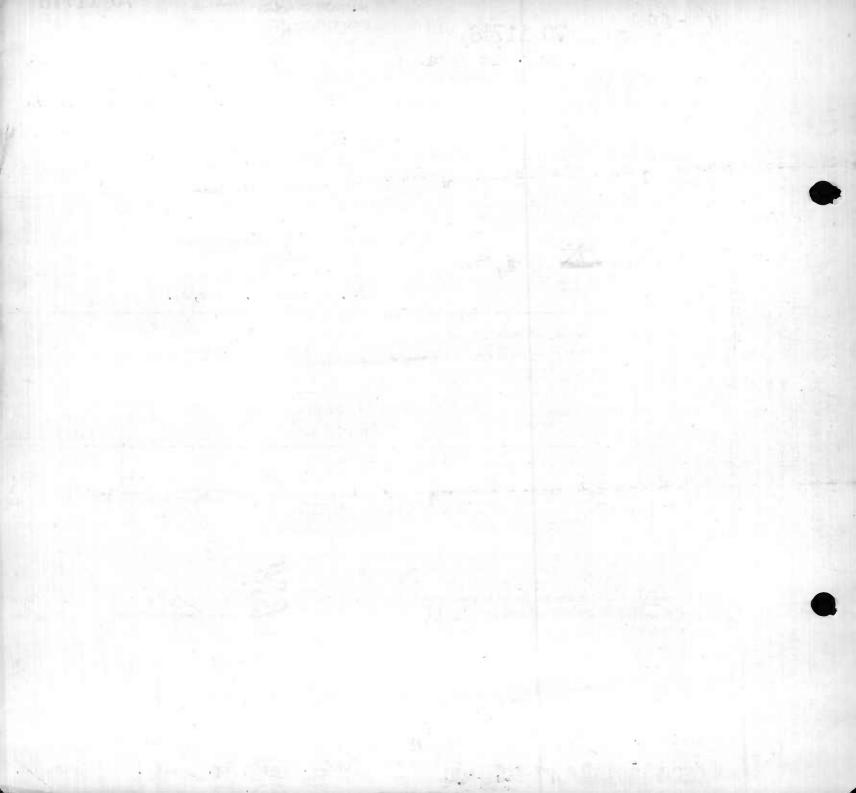
DEM BO	BALTIMORE CITY	HEALTH DEPARTMEN	T	
5-500 70 11	744 CERTIFICA	TE OF DEATI	REG. NO	70 11744
I. NAME OF DEGRASED			E AND HOUR OF DEATH	
(Type or Print)		2. 041	LI DO	20 105
3. PLACE IN BALTIMORE MARYLAND, WHERE P		4. USUAL RESIDENCE (Where deceased lived, II	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR		A, STATE B, C	OUNIY A	831
HOSPITAL OR ADDRESS OR LOCATION)	THE STREET	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
11/		Baltimo		YES NO
Keswick		E. STREET AND NUMBI	the state of the s	-4-
5. SEX 6. RACE 7. 88.81	Dien Clateres mannes Cl	8. DATE OF BIRTH	hmond Avenu	
temale White wind	RRIED NEVER MARRIED DWED DIVORCED	8-4-16	9. AGE (In years last birthday) 94446	Il Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KII dane during most of working life, even if refired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	fareign country)	12. CITIZEN OF WHAT COUNTRY
Candy Dipper Blog	om Candy Cs.	Italy		None
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Unknown		Rosario	Contarino	
5. Was Deceased Ever in U. S. Armed Farces? Yes, no or unknown) (If yes, give war ar dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	220-54-6390	3504 Richi	nond Ave. 2	
18. 11 17 4	CAUSE OF DEAT	The colline	aish-lyrami-a	daughter)
DISEASE OF CONDITION DIRECTLY	enote of beat			BETWEEN ONSET AND DEATH
LEADING TO DEATH		BP	escurrent of	3,000
(This does not mean the mode of dying,	e.g., (A) IMMEDIATE CAU	SE DECISE OF	emunic	300
hearl failure, asthenia, etc. It means the dis injury ar complication which caused death.)	ease,	^		
ANTECEDENT CAUSES	Anto	noscleroter.	CUA	
Digra see as assuments as	(B) DUE TO OR AS	A CONSEQUENCE OF:		***************************************
rise to the above cause (A) stating		A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)			
2				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERM	ING K			
✓ DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			
19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes o	No) 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g., in	or about 21C WHERE DI	D #11 1- Politica	- Charles and I all
U 21A. ACCIDENT WAS UNDERLYINO OR CONTRIBUTINO CAUSE OF DEATH (natify medical examined)	home, form, factory, street, of	Fice bldg., INJURY OCCU	li in painma	re City, give exact location)
	21 & INJURY OCCURRED	215 11211 212		
S OF INJURY	While At Not While		INJURY OCCUR?	
(APPROX.)	Wark At Wark			
22. I certify that (1) (this hospital) atten	ded the deceased fram	00721	19 70 to	28 NOW 19 10
that (I) (we) last saw the deceased alive	on 28 Nos	19 70 one	that in (my) (aur) ap	Inian death accurred on the date
and haur and from the causes stated abo	ve. (I) (We) (did) (did not) v	lew the hady after dea	4h	
23A. SIGNATURE	1	ion ind bady after dea	1116	23B. DATE SIGNED
Hurdd P.	mere wo AHO	nding Med.	Staff Phys.	
	DEGREE	Director L	J Phys. LJ	
23C-PHYSICIAN'S NAME (Type)		ANDRESS		
	DEGREE		No.	
KEMOVAL (Specify)	4C. NAME OF CEMETERY OF CRE		D. LOCATION (C	ity, tawn, ar caunty) (Stote)
	Oak Lawn Cemet	ery	Baltimore,	Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIREC	TOR	ADDRESS
DEC 4 1970 (28.8 E. Jak	See ALD	Schimunel	c Funeral H	ome, Inc.
VE 150 DEV 1/1/49		3331	Brehms Lan	2

E sond selba- 155

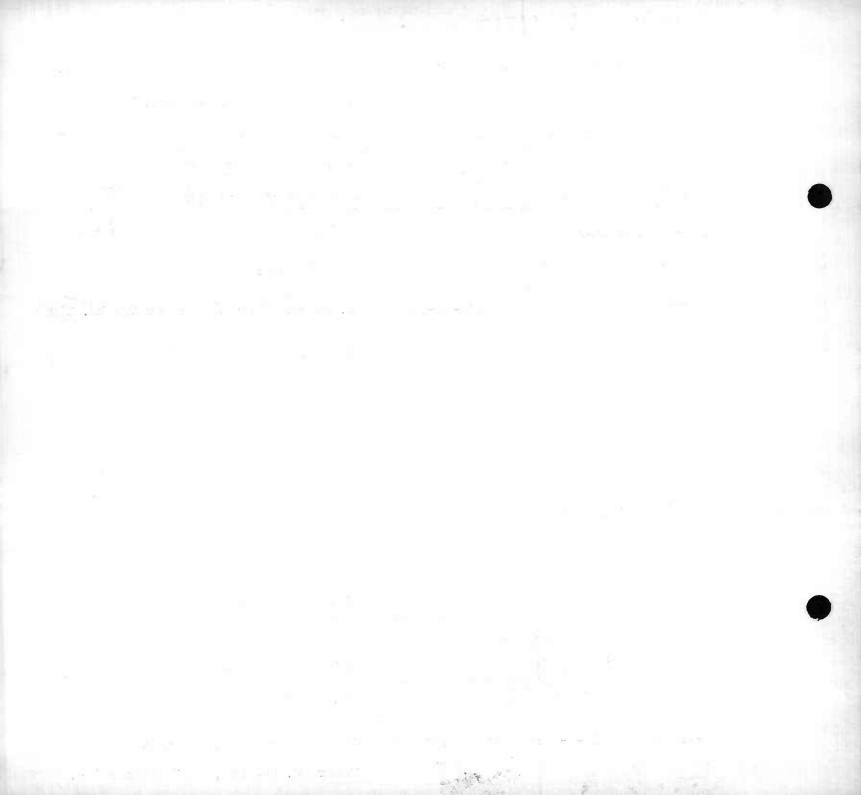
	BALTIMORE CIT	Y HEALTH DEPARTMENT	a del mar
The same	110.	ATE OF DEATH REG. NO.	9512745
	NAME OF DECEASED Richard France S	2. DATE AND HOUR OF DEATH	, 10
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution:	residence before admission)
H	ILL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!	C. CITY OR TOWN D. INSIDE CITY	6/0
+	Harbor View W. C.C.	Caltenore YES P	_
1	1313 Light St. Bactio 30 m	116 N. Highland ave.	21224
1	Male, White WIDOWED DIVORCED	10-23-90 lost birthdoy 80 Months	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
do	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR		ZEN OF WHAT COUNTRY?
13	Kailroad Worker Bethlehem Steel	Maryland	U.S. A.
10	me ' A)	14. MOTHER'S MAIDEN NAME	
15.	Was Deceased Ever in U.S. Armed Forces? 16. SOCIAL	Anna Gentile	
(Ye	s.no of unknown) (If yes, give wor of doles of service) SECURITY NO.		ADDRESS
-	118. Z CAUSE OF DEAT	Mrs. Mollie E. Lanasa 116 N.	0
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	- 1 P	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dving, e.g., (A) MMEDIATE CA	USE / Grand Munional A CONSEQUENCE OF:	nam
Н	heart failure, osthenia, etc. It means the disease, injury at camplication which coused death.)		>
	ANTECEDENT CAUSES	C. V. Aleseane.	,
i.	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	S A CONSEQUENCE OF:	
	UNDERLYING CONDITION last. (C)		***********
z	11 0 0		>
SATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	\$	2
ERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20R. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., hame, lorm, lactory, street, and place of the plac	in or obout 21C. WHERE DID (II In Boltimore City, given bidge, INJURY OCCUR?	e exact location)
MEDI	21D. TIME (Month) (Doyl (Year) (Hourl 21E INJURY OCCURRED OF INJURY (APPROX.I While At Not White At Work At Work		
	22. 1 certify that (1) (this hospital) attended the deceased from	11/10 19 70 to 11/2	9 19 70
	that (1) (we) lost saw the deceased alive an 11/27	19 70 and that In(my) (our) opinion dea	th occurred an the date
	and hour and from the causes stated above. (1) (We) (did) (dld nat)		
	23A. SIGNATURE GREATH & Black to Ath	ending Med. Staff	E SIGNED
	23C. PHYSICIAM'S NAME (Type) JOSEPH D. BLUM MD	23D. ADDRESS	31.6
244	BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City, town, o	or county) (Stote)
Bu	vial 12/3/170 Holy (ross Ceme	10 1	
254	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR & Baltimone	C ADDRESS
	ECA 1971 RESELZA	Moran & Tunes !	Kong T-le h



BALTIMORE CITY HEALTH DEPARTMENT



D-450 70 11747	CERTIFICA			REG. NO	70 1	1747
T. NAME OF DECEASED (Type or Print) BULLEN, OLIVE	0			ND HOUR OF DEATH	1	2 0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	ICED DEAD	4. USUAL	RESIDENCE (Wh	ere deceased lived. If I	nstitution: resid	3 38 P.N dence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT ADDRESS OR LOCATION)		MARY	LAND	Anne Ar		520
WHICH MEMORIAL HOSPITAL		L	INTHI		YES	NO []
33RD & CALVERT STREE	73	103	MI CH	AEL AVEN	IVE	
MALE WHITE WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF 02 -	BIRTH 16 - 99	9. AGE (In years lost birthdoy)	If Under 1 Months: Do	Yr. If Under 24 Hrs. oys Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPL	CE (State or for	eign countryl	12. CITIZEN	OF WHAT COUNTRY
Plant Supervisor		M	ARYLAI	VD		+MERICA
13. FATHER'S NAME		14. MOTHER	'S MAIDEN NA	ME		
Unknown			Unknown	_		
15. Was Decased Ever in U. S. Armed Forcas? (Yes, no ar unknown) (If yes, give war or dates of service)	6- SOCIAL SECURITY NO.	17. INFORM	A	1.		DDRESS
I to Kalou	15-07-7760	Mr. K	enneth B	ullen, 701 d	Carolyn	Rd. 21061
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, astheria, etc., it means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 11-24-1970 21A ACCIDENT WAS UNDERLYING TO THE PROPERTY OF THE		A CONSEQUE	NCE OF:		NG.	ONSIDERED
OR CONTRIBUTING CAUSE OF home, etc.	ACE OF INJURY (e.g., in larm, loctory, street, off	ar obout 21C	WHERE DID URY OCCUR?	(If In Baltimar	e City, give ex	ract lacation)
21D-TIME (Month) (Day) (Year) (Hour) 21E IN While Wark	JURY OCCURRED Not While At Wark	21 F.	HOW DID IN	URY OCCUR?		
22. I certify that (1) (this hospital) attended the that (i) (we) lost saw the deceased alive on	deceased from	19.7		19 70 to i	- 30.	19.7.c
ond hour and from the causes stated obave. (1) (1		ew the had	after death			recorded out the dole
23A. SIGNATURE	1		Ottor deaths		23B, DATE SI	IGNED
haush	Atten Phys.	ding 🔀	Med. Director	Staff Phys.	1	30. 70
23C. PHYSICIAN'S NAME (Type) DR R RAU	M December	UNIO	N MG	MORIAL	Husp	'1 TAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAM. REMOVAL (Specify)	E of CEMETERY of CRE	MATORY	24D. L	OCATION (Cit	ly, tawn, or co	ounty) (Stole)
Buria1 12-4-1970 Loud	don Park Ceme		Ba	ltimore, Mar	yland	
DECA TIM RAB & Jacker	REGISTRAR		ERAL DIRECTOR		-	ADDRESS Ave. 21229
VS 150-REV- 1/1/68						



1	Z-532 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG NO. 70 11749
	IRTH NO. /U 11/48 CERTIFICATE OF DEATH
	NAME OF DECEASED YPE OF PRINT) ZAMETZER. JOHN. 2. DATE AND HOUR OF DEATH 11/29/2 4. 20/2.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FH	ULL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! OSPITAL OR ADDRESS OR LOCATION! C. CITY OR TOWN D. INSIDE CITY LIMITS?
117	E. STREET AND NUMBER LOS N. BROAD WAY
	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours Min
00	A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN 12. CITIZEN OF WHAT COUN 12. CITIZEN OF WHAT COUN 13. FATHER'S NAME
	J-44 2 AMETZEK RLIZABETH. LAMPHUN.
15. (Ye	Wos Deceased Ever in U. S. Armed Forces? ss, no or unknown) (If yes, give wor or dotes of service) No 16. SOCIAL SECURITY NO. 212-09-5232 LLARA . 2 AMET2ER (WIFE) AVE AVE
	DISEASE OR CONDITION DIRECTLY Reant Myoccodal Infarch & Vent Jelices BETWEEN ONSET AND DE.
	heart foilure, osthenio, etc. Il means the disease.
	Injury or complication which coused deoth. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse IAI stoling the UNDERLYING CONDITION lost. A .S C U . E . Ald mysterdal (B) DUE TO, OR AS A CONSEQUENCE OF: (C)
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
ERTIFIC	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes or No.) 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL	OR CONTRIBUTING CAUSE OF home, foctory, street, office bldg., INJURY OCCUR?
MEDI	21D. TIME (Month) (Doyl (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While Work At Work
	22. I certify that (I) (this hospital) attended the deceased from 1/29/19 19 ta 1/29/12 19 that (I) (we) lost saw the deceased olive on 1/29/20 19 ond that in(my) (our) opinion death accurred on the deceased olive on 1/29/20 19 ond that in(my) (our) opinion death accurred on the deceased olive on 1/29/20 19 ond that in(my) (our) opinion death accurred on the deceased olive on 1/29/20 19 ond that in(my) (our) opinion death accurred on the deceased olive on 1/29/20 19 ond that in(my) (our) opinion death accurred on the deceased olive on 1/29/20 19 ond that in(my) (our) opinion death accurred on the deceased olive on 1/29/20 19 ond that in(my) (our) opinion death accurred on the deceased olive on 1/29/20 19 ond that in(my) (our) opinion death accurred on the deceased olive on 1/29/20 19 ond that in(my) (our) opinion death accurred on the deceased olive on 1/29/20 19 ond that in(my) (our) opinion death accurred on the deceased olive on 1/29/20 19 ond that in(my) (our) opinion death accurred on the deceased olive on 1/29/20 19 ond that in(my) (our) opinion death accurred on the deceased olive on 1/29/20 19 ond that in(my) (our) opinion death accurred on the deceased olive on 1/29/20 19 ond that in(my) (our) opinion death accurred on the deceased olive on 1/29/20 19 ond the deceased olive oliv
	and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
	23A. SIGNATURE MD Attending Med. Shoff 238. DATE SIGNED 1 29 7/
	PAME (Type) F (Rozvi m) 23D. ADDRESS CH 14:
E	Enternation, 24R. Date 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole) Enternation ment 12-2-70 Lorraine Park Mausokum Baltimere Md.
	DEC4 1970 Possell & Fellen KA 1 25C, FUNERAL DISECTOR JOSEPH 3021 Cackers
42	150-REV. 1/1/68

Loudon Park Crematory

258. NAME OF REGISTRAR

Baltimore

Howard K. McComas & Son, Abingdon, Md.

25C. FUNERAL DIRECTOR

Md.

ADDRESS

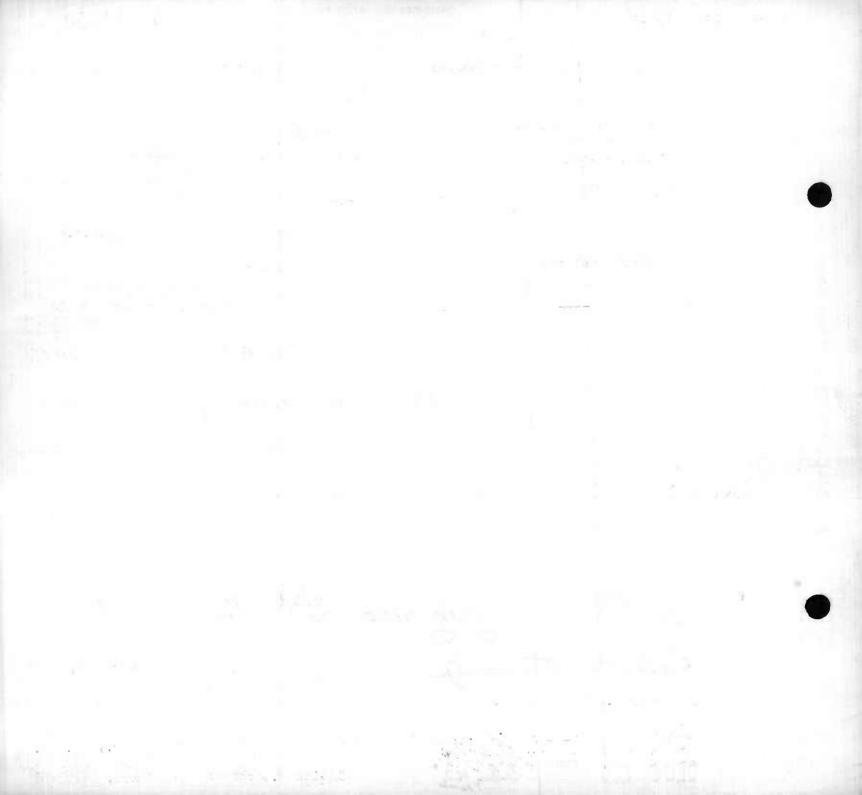
REMOVAL (Specify)
Cremation

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

Dec. 5, 1970

M.H



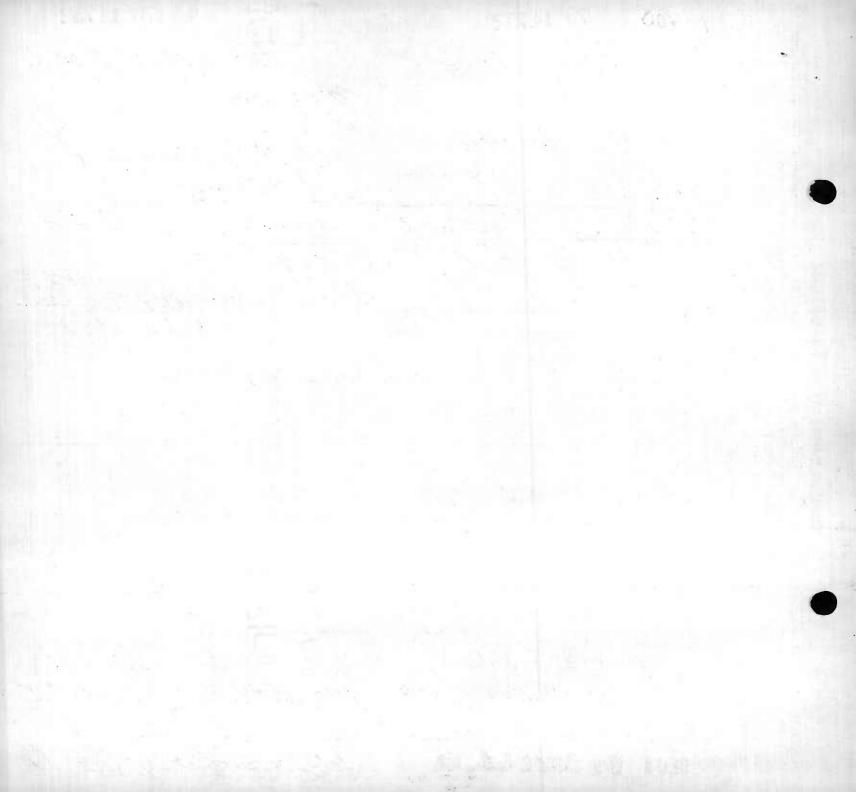
W-20	0 70	11751		HEALTH DEPARTMENT OF DEAT		70 11754
INAME OF DE	CEASED		CERTIFICA		TE AND HOUR OF DEA	10 TIADE
(Type or Print)	Emma	Weis			12-1-1970	1 10 PA
3. PLACE IN BA	LTIMORE, MARYLAND,		UNCED DEAD	4. USUAL RESIDENCE	(Where deceased fived t	f institution; residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	MARY LAN		2717
INSTITUTION						NSIDE CITY LIMITS?
7/1	1.1			Baltimore		YES NO
Levin	dale Aged Ho	ome				
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	IE AGED HOME	if Under 1 Yr., Il Under 24 Hrs.
FEMALE	WHĮŢE	WIDOWED			last birthdeyl	If Under 1 Yr. Il Under 24 Hrs. Menths Deys Hours Min.
OA. USUAL OCC	UPATION (Give kind of wor	k 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	at laraige country)	12. CITIZEN OF WHAT COUNTRY
one during most at	Warking life, even it refired)				ar rareign coominy)	
HOUSEW		AT H	OME	HUNGARY		USA
DAVID	ME SCHWARTZ			14. MOTHER'S MAIDEI REBECCA	N NAME	
5. Wes Deceased	Ever in U. S. Armed Fa	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	ur yes, give war er der	es et servicel	SECURITY NO.	MD HADDY WE	TCC 7227 CUE	ELBURNE RD. #21208
NO 18.			CAUSE OF DEATH		135, 3223 SHE	APPROXIMATE INTERVAL
DISEASES (asthenie, etc. If means nplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last.	d death.)		A CONSEQUENCE OF:		
OTHER SIGNIF	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR OPERATION 198 CON	HE TERMINAL	WILCH ONE TON	150.4	A 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
0	WAS PER	FORMED	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DEATH (netify	NT WAS UNDERLYING DITING CAUSE OF medical examined	21 B. hem etc.	PLACE OF INJURY (e.g., in e, ferm, fectory, street, of	or obout 21C. WHERE Dice bldg., INJURY OCCU	ID II.Qf in Bolim	nare City, give exoct lacation)
21D. TIME OF INJURY (APPROX.)	(Menth) (Day) (Year)		INJURY OCCURRED Not White At Work		NJURY OCCUR?	
22. I certify	that (i) (this hospital	l) attended ti	ne deceased from	Tuno	19 <u>41</u> to	12-1 19-70
				10 70 -		pinion death accurred on the date
and have se	I from the course of	and above 4	NWe) (dig) (did not) vi		o that in(my) (aut) o	pinion death accurred on the date
23A. SIGNATU	RE //	194 00046. N	Asia (ala) (ala not) A	ew the body after de	ath.	
1	1/h. 1. 1.	/ //.	Atter	ding Med.	¬ Staff ┌¬	23 B, DATE SIGNED
23C. PHYSICIA	Modrus (1	OFFICE Phys.	Director L	Staff Phys.	12-1-1970
23C. PHYSICIA NAME (T				3D. ADDRESS		
	Theodore R	R. Rein	f, MD DEGREE	Lev	indale	
REMOVAL (MATION, 248, DATE Specily)	24C.N/	ME OF CEMETERY OF CREE	MATORY 24	D. LOCATION	City, tawn, or caunty) (State)
BURIAL		O POSV	OHLER FRIENDL	Y SOCIETY.	BALTIMORE, N	MARYLAND
	BY HEALTH DEPT.	258 NAME C	F REGISTRAR	25C. FUNERAL DIRE	CTOR.	ADDRESS
DEC 4	1971 0.2.	BE Bad	Sen ACD 8	SOL LEVINSO	ON & BROS., 60:	10 REISTERSTOWN ROAL
S 150-REV. 1/1/		-				

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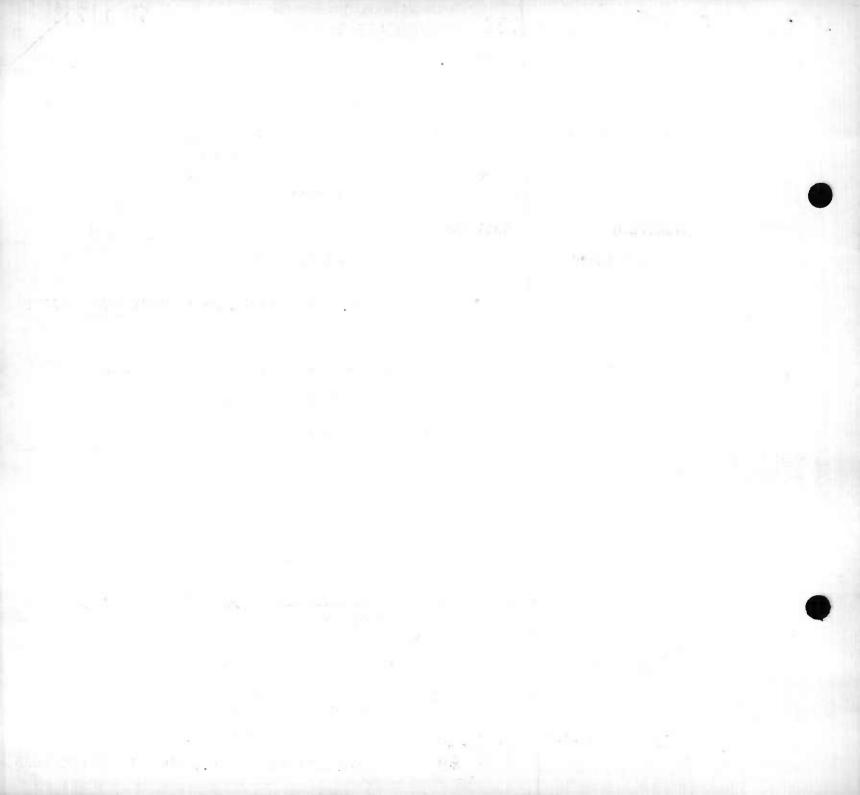
VS 150-REV. 1/1/68

a hospital and

	1111 70 1170	BALTIMORE CITY H	EALTH DEPART	MENT		70 11752
BIRTH	400 70 11752	CERTIFICAT	E OF DE	ATH	REG. NO	10 11100
	or Print) Goseph Par	el	2.	DATE AND HO	UR OF DEATH	70 8:05
3. PLA	CE IN BALTIMORE MARYLAND, WHERE PRONOUNCE	CED DEAD	A. STATE	NCE (Where dece 8. COUNTY	eased lived. If in	stitutian: residence befare a
FULL	NAME OF (IF NOT IN HOSPITAL OR INSTITUTIO		mary	Mana		2/30
INSTIT	UTION ADDRESS OF EGGETION		CITY OR TOWN	majos	D. 1NS1	DE CITY LIMITS?
4	I Sinai Hospitai	1,	E. STREET AND N	IUMBER_	0.	TES NOT
	Sornac Hoggstur		2904	Terry	Shew	e lett.
5. SEX	Tale 1 / White WIDOWED]	DIVORCED 68	DATE OF BIRTH	895 Past bi	E (In years rthday)	Months Doys Haurs
	SUAL OCCUPATION (Give kind af work 108, KIND OF BUI	1 //	. BIRTHPLACE (SI	ate ar foreign cal	intry)	12. CITIZEN OF WHAT
done do	Ketail mer	Chart	Ru	ssia		1. S. F.
13. FAT	THER'S NAME	1	. MOTHER'S MA	IDEN NAME	0	
	stanley Taul		Est	Ker		0.
Yes, no	s Deceased Ever in U. S. Armed Farces? o or unknown) (If yes, give war ar dotes of service)	SECURITY NO.	MAN SI	ilen for	1-20	ADDRESSION OF
18.	410,9	CAUSE OF DEATH	, o or , serve	10	100	APP OXIMATE IN
	DISEASE OR CONDITION DIRECTLY	auch	Como	3 76m	nisosi	BETWEEN ONSET A
17	LEADING TO DEATH	(A) IMMEDIATE CAUSE		/		17 ,
he	his daes nat mean the made of dying, e.g., earl failure, asthenia, etc. It means the disease,	0	CONSEQUENCE OF	French	المحالية	
In	jury ar camplicalian which caused death.) ANTECEDENT CAUSES	Corm	or on			-
DI	ISEASES OR CONDITIONS, if any, giving	(8) DUE TO, OR AS A	CONSEQUENCE	OF:	•••••	
ris	se la lhe abave cause (A) slating the NDERLYING CONDITION last.	(c)				
-	II	(c)				
NO OT	THER SIGNIFICANT CONDITIONS CONTRIBUTING					The same of the
V DIS	DITHE DEATH BUT NOT RELATED TO THE TERMINAL SEASE OR CONDITION GIVEN IN PART 1 (A).	CH OBERATION	120 A ALIED BOY	/V NI-11 200	IF Vee	INDINGS CONSTRUCTION
RTIFIC	A-DATE OF OPERATION 198, CONDITION FOR WHI	CH OPERATION	20A. AUTOPSY?	or No. 20B.	CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
U 21/	A. ACCIDENT WAS UNDERLYING 218. PLA	ACE OF INJURY (e.g., in	or obout 21 C. WHE	RE DID	(If In Baltimore	e City, give exoct location)
OR DE	R CONTRIBUTING CAUSE OF hame, fetc.)	form, foctory, street, affic	e bidg., INJURY C	C CU R?		
Q 211	D. TIME (Month) (Day) (Year) (Hour) 21E. INJ	JURY OCCURRED	21 F. HOW	DID INJURY C	CCUR?	
>	PPROX.) While A	Not While At Work				. /
22	. I certify that (I) (this haspital) attended the a	deceased from	1940	19	ta 127	1/70 19
	at (I) (we) last saw the deceased alive an	11/14	1970			nian death accurred an
the		are produced and				
	d haur and from the causes stated above. (1) (W	(e) (dist) (did nat) vie	w the bady atte	r death.		
an	nd haur and fram the causes stated abave. (1) (M		11			238. DATE SIGNED
23 <i>A</i>	A. SIGNATURE AND INCh QUE	Ve) (did) (did nat) vie	11	Staff		238. DATE SIGNED
23 <i>A</i>		Attend Phys.	ling Med.	Staff	D	23B. DATE SIGNED
23 <i>A</i>	C. PHYSICIAN'S NAME (Type) DR. MILTON	Attend Phys. 23	D. ADDRESS	Staff	D THERN	238. DATI SIGNED /7
23 <i>A</i>	C. PHYSICIAN'S NAME (Type) DR. MILTON A	Attend Phys. 23	D. ADDRESS	Staff	OTHERN ON (CI	Sec. 1/7
23 <i>A</i>	C. PHYSICIAN'S NAME (Type) DR. MILTON UDIAL CREMATION, 24B DATE MOVAL (Specify) WHILE WH	Attend Phys. 23 23 24 25 27 28 29 20 20 20 20 20 20 20 20 20	D. ADDRESS	Shoff Phys. NOA 24D. LOCAT	OTHERN ON (C)	Sec. 1/7



	RTH NO.	70	11/03	CERTIFIC	ATE OF DEAT	H REG. NO	70 11753		
	Pe or Print)	FELDMA	NyMA	X J.		TE AND HOUR OF DEA	10		
3. P	PLACE IN BALT	IMORE MARYLAND, W	VHERE PRONC	UNCED DEAD	4. USUAL RESIDENCE A. STATE	(Where deceased lived,	If institution; residence before admiss		
HC	ILL NAME OF OSPITAL OR STITUTION	OF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	TUTION, GIVE STREET	MD TOWN	7/16.	INSIDE CITY LIMITS?		
3	SINAI	HOSPITAL O	F BAL	TIMORE.	BALTIMORE YES NO				
7	1				2908 MA	RNAT Rd	#8		
/	M ALE	6. RACE MHITE	WIDOWED		2-12-97	9. AGE (in years lost birthday)	II Under 1 Yr. If Under 24 Months: Doys Hours Min		
done	CHAUFF	forking life, even it telited)		F BUSINESS OR INDUSTR	R 1/SSI		12. CITIZEN OF WHAT COUN		
13. 1		MORRIS FELDMAN		1		14. MOTHER'S MAIDEN NAME			
IS. V	Wos Deceosed	Ever in U. S. Armed For (If yes, give wor or date	ces?	16. SOCIAL	17. INFORMANT		ADDRESS		
	NO	, g		SECURITY NO.	MRS. ROSE FF	ELDMAN, 2908	MARNAT ROAD #21208		
7	ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (B) ACUTE MYCCARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF: (C) 2 MALIGNANCY								
z	DISEASES OF THE UNDERLYING	CONDITIONS, it above cause (A) CONDITION last.	any, giving stating the	·		AL INFARC	710N		
z	DISEASES OF DISEASES OF DISEASE OF CORREST OF THE DEATH DISEASE OF CO	CONDITIONS, it above cause (A) CONDITION last	any, giving stating the NTRIBUTING HE TERMINAL I I (A).	(c) 2MAL		or No) 20B, IF YES, WE	ERE FINDINGS CONSIDERED CAUSES OF DEATH?		
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B-155 TO 115		Y HEALTH DEPARTMENT	70 1175a
0-655 BIRTH NO. 70 117	CERTIFICA	TE OF DEATH REG. NO.	10 Jul 100
1. NAME OF DECEASED (Type or Print) BERMAN, M	10 RRIS	2. DATE AND HOUR OF DEA	1 7:40 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE		4. USUAL RESIDENCE (Where deceased lived,	If institution; residence before admission
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Maryland	1513
INSTITUTION		C. CITY OR TOWN D. I	INSIDE CITY LIMITS?
42 Sinai Hospita	Bol ton as	F STREET AND NUMBER	YES NO .
<u></u>		2651 Park Hts	-Tenou
MALE WHITE WID	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years last birthday) 82	Il Under 1 Yr. Il Under 24 Hrs Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108. Kildone during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	m 1 .	12. CITIZEN OF WHAT COUNTRY
EMP LOYEE C	LOTHING PLANT	Li Herania	065
UNKNOWN		14. MOTHER'S MAIDEN NAME UNKNOWN	
5. Wes Deceased Ever in U. S. Armed Forces? Yes, no or unknown) [III yes, give wor ar dotes of se	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	8504 GLENN MICHAEL L
NO	215-01-6143	minne Attman,	baltemne
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAL	USE MON (forecession) Q A CONSEQUENCE OF:	
heort failure, asthenia, etc. It means the di injury or camplication which caused death,	DOE TO, OR MA	Merotic Hear Desine;	Parden
ANTECEDENT CAUSES	L.AN.	en stra Corporal	
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating	giving DUE TO, OR AS	A CONSEQUENCE OF:	***************************************
UNDERLYING CONDITION lost	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (a).	UNAI WELLO	Blesding pestally den &	Them are BPH
DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A-DATE OF OPERATION 19R CONDITION WAS PERFORMED 21A, ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., I home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID (If In Bolti fice bldg., INJURY OCCUR?	more City, give exact location)
21D. TIME (Month) (Doy) (Year) (House		21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Work Not Whill At Work	° 🗆	
22. I certify that (4) (this hospital) atten	1/ /^ -	//-8 19 <u>D</u> to	11-30 19 70
that (4) (we) last saw the deceased alive			pinion death accurred an the date
and have and from the causes stated abo	ve. (#) (We) (did) (diamet) v	lew the bady after death.	
Pedelle S. Ticker	AHe	nding Med. Stoff Phys.	23B DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	1/ 30 70
LOJOLFO S.	VICTORIA AS DEGREE	Sinai Harpital g	palprinone
BURIAL (Specify) 12-1-70	ANSHE EMUNAH	BALTIMORE, MA	(City, town, or county) (State) ARYLAND
DELD 4 40000 0 4	AME OF REGISTRAR	SOL LEVINSON & BROS.,60	10 DETCTED TOWN DOA
	aben 128	SOF FEATINGON & RKO2. 'OC	NOW MMOTOVILLETIN OT
\$ 150-REV. 1/1/68			

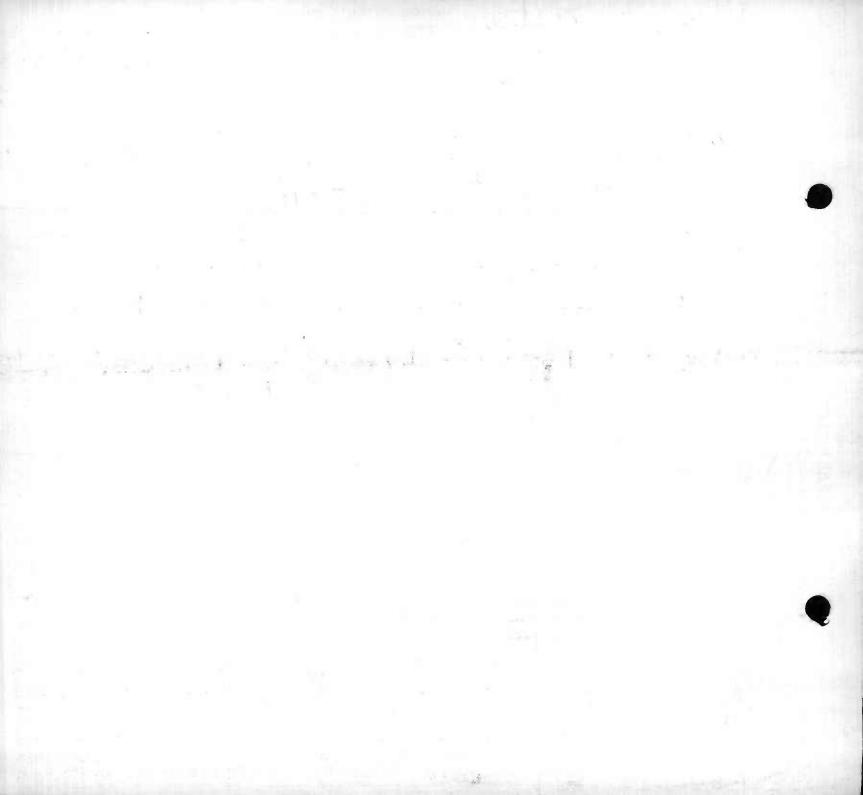
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1-751			ALTH DEPAR					
LI QUU MF	DICAL F	EXAMINER'S	EDTIE	CATE OF	DEAT	ш	70 1	1755
BIRTH NO. 70-14883	DICAL L	-NAMINALKS (- LK HIEN	CATE OF	DEAT	REG. NO	10 1.	LIUU
1. NAME OF DECEASED			2. DATE	Known 2	Month	Doy	Year	Hour
(Type or Print) Charles Jac	kson		OF DEATH	Estimated	11	30	70	6:38
4. PLACE IN BALTIMORE, MARYLAND	WHERE PROD	NOUNCED DEAD TO	3. DATE		Month	Doy	Year	Hour
UIL HANE OF HE OF HEST OF LOS	TAL OF INSTRU	non sweskier D	PRONOL	INCED DEAD	11	30	70	6:38
OR INSTITUTION	SAHON	3-24-71	S. USUAL R	ESIDENCE (Where				
902 Whiteloc	k Street		S. USUAL RI A. STATE Md	,		B. COUNTY	1	201
6. SEX 17. RACE	8. Mannier	☐ NEVER MARRIED €	C. CITY OR	TOWN		ID. INSIDE C	TTV LIGHTS2	20/
male Negro		_		to.				_
9. DATE OF BIRTH 10.AGE	WIDOWED	Under 1 Yr, If Under 24 Hrs.		ND NUMBER		1	ES L	ио 📙
8/20/70 last birthe	day) Mo	nths Days Hours Min.		Whitelock	Charm	44		
1. BIRTHPLACE(State or foreign country)	mo.	CITIZEN OF			DELEC	7)
T. DIKTTH EXCE (Stole of foreign country)	12.	WHAT COUNTRY?	13. FATHER	S NAME,	1	120	h	1
A USUAL OCCUPATION /O. I. I.	110 (12 (12 (12 (12 (12 (12 (12 (12 (12 (12		PLU	delile		100	March 1	
4A.USUAL OCCUPATION (Give kind of wor one during most of warking life, even if retired	MIND OF	- BUSINESS OR INDUSTRY	15. MOTHER	S MAIDEN NAM	写 //	-		
			139	rove p	- the) 1	
6. WAS DECEASED EVER IN U.S. ARMI 1 es, no or unknown) (if yes, give wor ar date	ED FORCES?	17. SOCIAL SECURITY NO.	18. INFORM	IANT	24	Kant	DDRESS	- 7
			A YEAR	09 14	JUT.	elvel	Ath	cef
19.		CAUSE OF DEAT	TH P	8/				PROXIMATE INTER
DISEASE OR CONDITION DIR	ECTLY		Dehvdra	tion and	starva	tion	DELAA	EEN ONSEI AND
LEADING TO DEATH		(A)IMMEDIATE C						
(This does not mean the made of a heart fathere, osthenia, etc. It means the	ying, e.g.,		S A CONSEQU	ITNICE OF				
I heart failure, osthenia, etc. It means to	he disease.			DENCE OF:				
heart fatlure, osthenia, etc. It means the injury or complication which caused d	ne disease, eath.)			DENCE OF!				
Injury or complication which caused d	eath.)			DENCE OF				
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Letter from M.E.'s office 3-24-71 M.H.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	4-655 70 1	175	6 BALTIMORE CITY CERTIFICA	TE OF DEATH	REG. NO.	70 11756
1.	NAME OF DECEASED JOHN E.				ID HOUR OF DEATH	/70. 4:25 A.M.
3,	PLACE IN BALTIMORE, MARYLAND, WI	TERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If institu	rtion: rosidence before admission)
FI		L OR INS	TITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	Maryland	2798 CITY LIMITS?
1	Sinai Hospital, Bal	/Mok	E, INC.	E. STREET AND NUMBER	4910 Cordelia	NO Avenue, 21215
5					DELIA AVE.	
	MALE WHITE	WIDOW		8. DATE OF BIRTH 7/9/10	5/51vre	Under 1 Yi. II Under 24 Hrs. onths Doys Haurs Min.
do	A. USUAL OCCUPATION (Give kind of work) ne during most of working life, even if retired)	OB, KIND	OF BUSINESS OR INDUSTRY		gn country) 1:	2. CITIZEN OF WHAT COUNTRY?
	Painter	Self	Employed	MARYLAND	len Arm	W. U.S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA		
	Franklin W			Flo	orence York	
15. (Ye	Was Deceased Ever in U. S. Armed Farces, no or unknown) (If yes, give wor or doles	s? of service	16. SOCIAL SECURITY NO. 214-12-9793	17. INFORMANT	700 /010 Com	ADDRESS
H	No	11 12	CAUSE OF DEATH		mont, 4910 Core	
	DISEASE OR CONDITION DIRE	CTLY	CAUSE OF DEATE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the made of the heart failure, asthenio, etc. It means to	he diseas	g., DUE TO, OR AS A	SE D ACH TO	nte luy disa nary TB.	infarction ~ 2 day
	injury or complication which caused of	leath.)		(2) P. 1.	me my orse	913.
	DISEASES OR CONDITIONS, il ai		(B)	A CONSEQUENCE OF:	mary 1B.	19 475.
	rise to the obove cause (A) :	ioling II	(C)	A CONSEQUENCE OF:		í
_	II					***************************************
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	TERMINA			**************************************	
ERTIFIC	19A-DATE OF OPERATION 19B. COND. WAS PERFO	RMED	R WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208, IP YES, WERE FIND IN CERTIFYING CAUSES	ING\$ CONSIDERED OF DEATH?
MEDICAL C	21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	h	18. PLACE OF INJURY (e.g., in ame, form, factory, street, aff tc.)	ar about 21C. WHERE DID ice bldg., INJURY OCCUR?	(il In Boltimare Cit	y, give exact lacation)
\ED!	21 D. TIME (Month) (Day) (Year) OF INJURY	(Hour 2	E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
2	(APPROX)	V	Vhile At Work Not While At Work			
	22. 1 certify that (1) (this hospital)	ottended	the deceased fram	1/28/1	9 20_to	12/1/19 70
	that (1) (we) lost saw the deceased					deoth occurred on the dote
	and have and from the causes state	d abave.	(I) (We) (did) (did not) vi			
	23A. SIGNATURE	harr	harm , M.D Atten			2 / / / 20 12/1/70
	23C. PHYSICIAN'S Vichai At:	char	takarn, M.D. 2	3D. ADDRESS Sinai H		imore, Maryland
24/	A- BURIAL CREMATION. 248, DATE		NAME of CEMETERY OF CREA			wn, or countyl (State)
	Buri al 12/4/70	M	t. Olive Cemeter			ryland Balto Co
254	A. DATE REC'D BY HEALTH DEPT. 2		OF REGISTRAR	25C, FUNERAL DIRECTOR Loring Byers,	8728 Liberty E	ADDRESS Rd. Randallstown,
Vs	150-REV. 1/1/68				7	



24C. NAME of CEMETERY or CREMATORY

25B. NAME OF REGISTRAR

24D. LOCATION

25C. FUNERAL DIRECTOR

1 Du

(City, town, or county)

ADDRESS

(Stote)

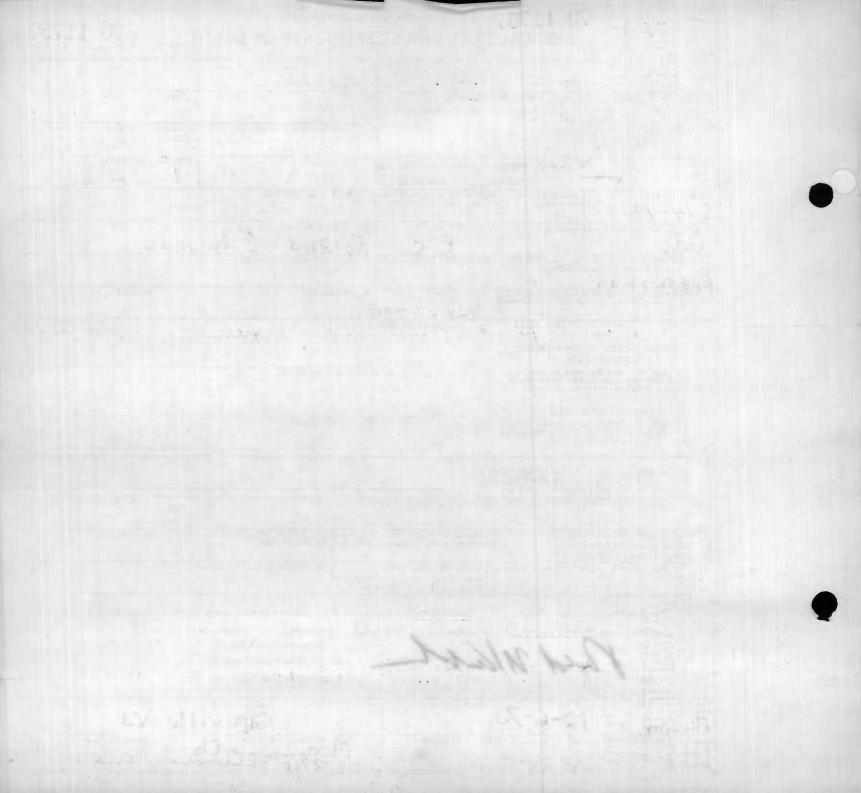
24A, BURIAL CREMATION.

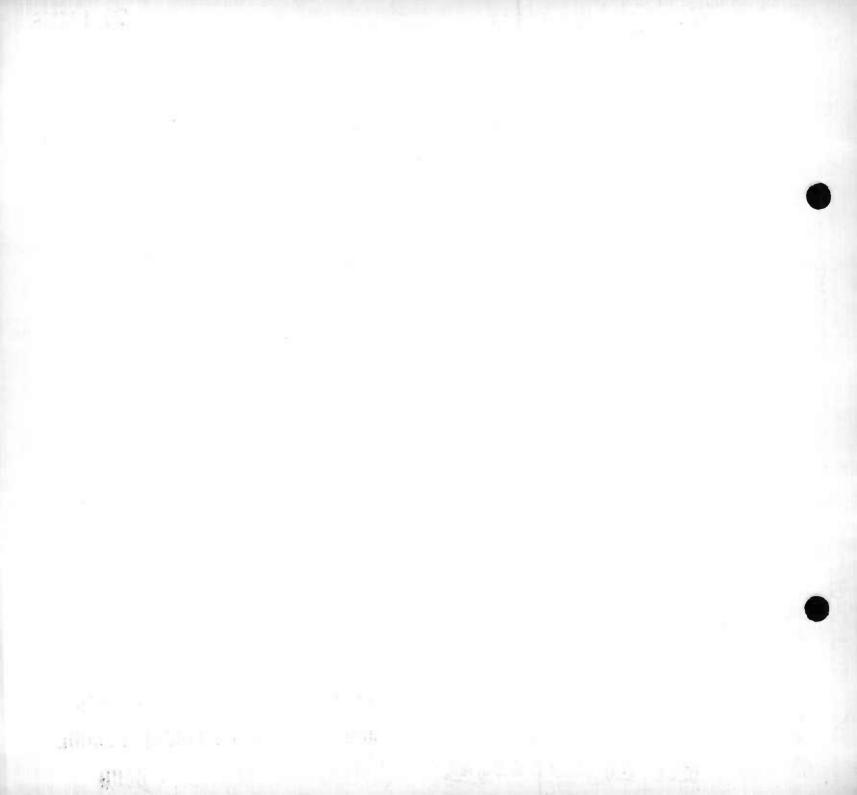
25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

VS 151-REV. 7/1/68

24B. DATE

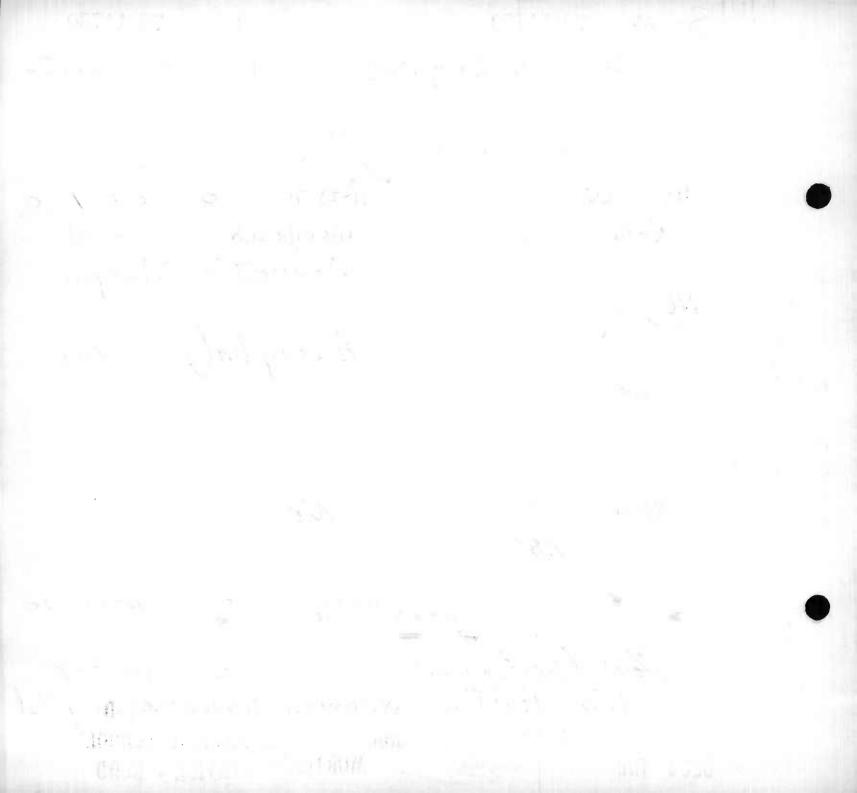




IMPORTANT

DIRECTOR:

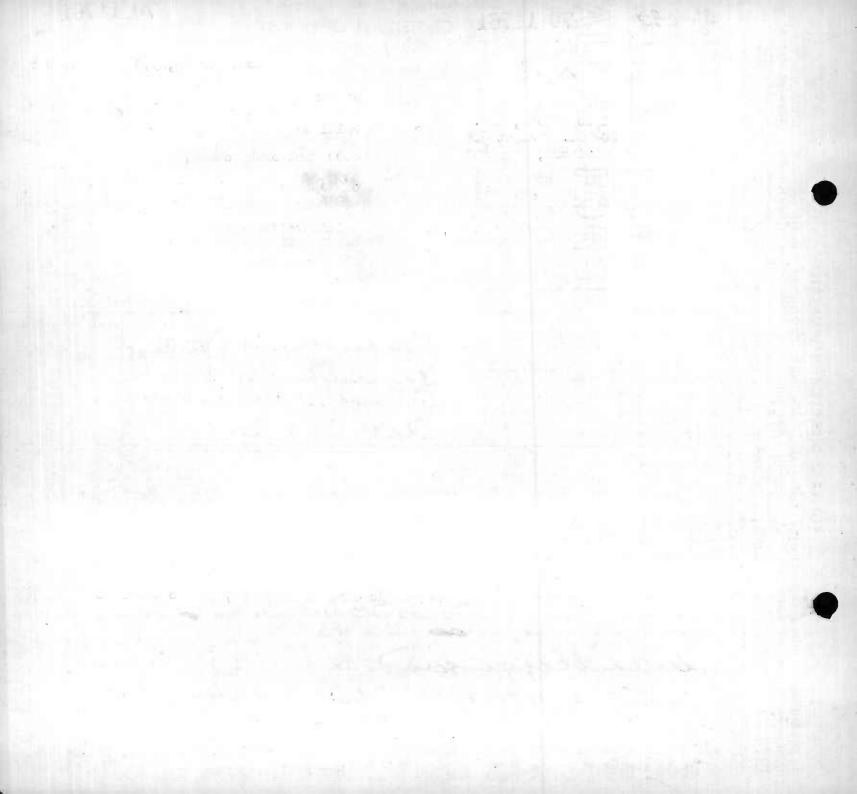
FUNERAL



NO

Hours

If Under 24 Hrs. Hours Min.

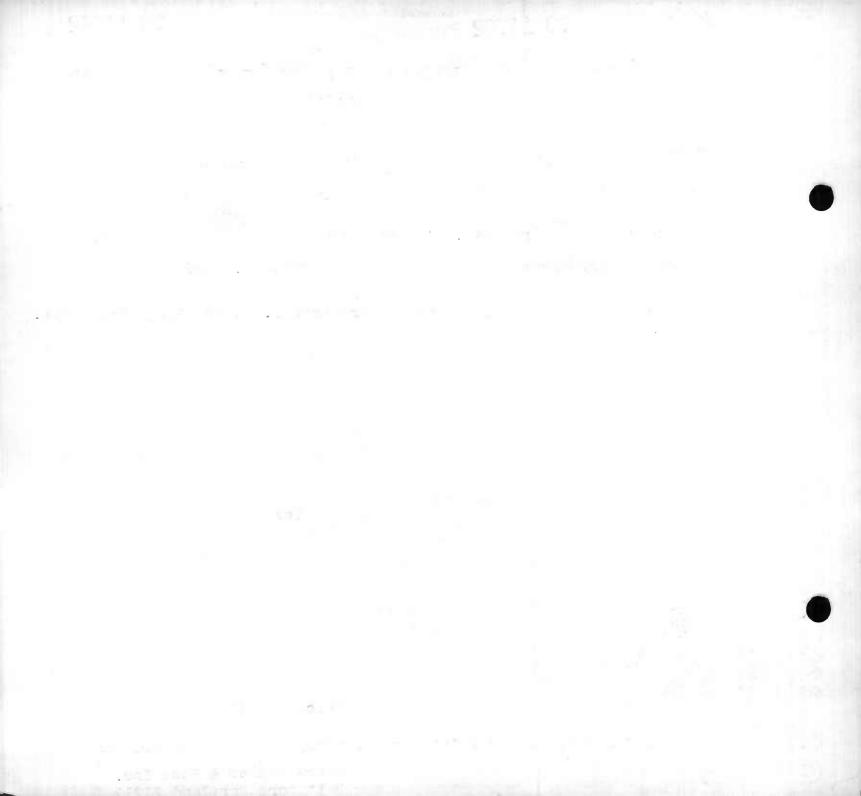


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

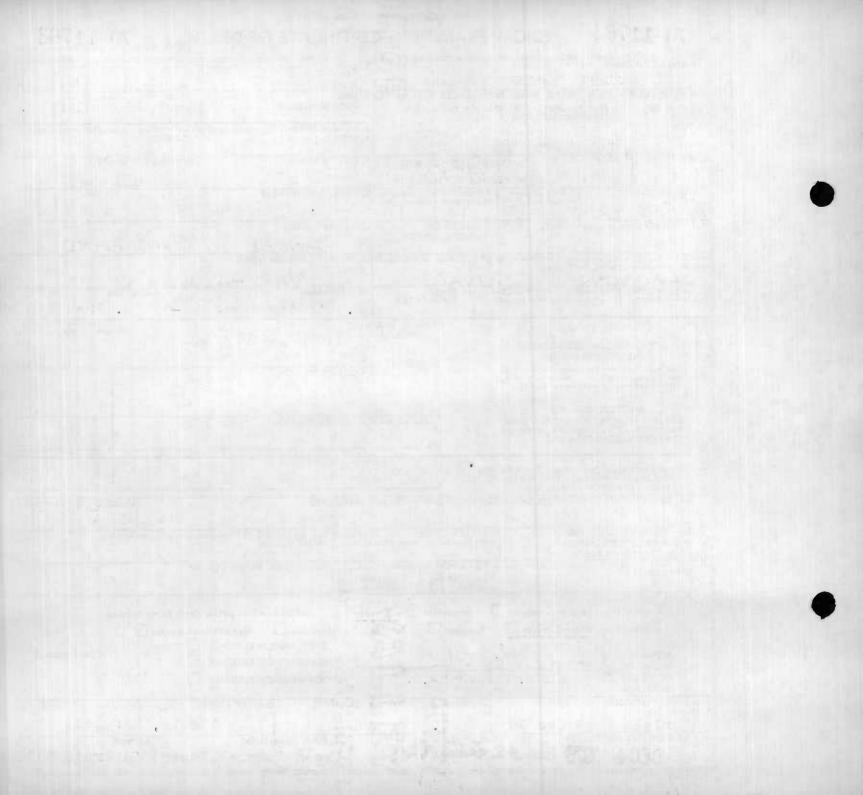
IMPORTANT

FUNERAL DIRECTOR:

1. NAME OF E (Type or Print)	John Klees		762 CERTIFICA	2. DA1	12-02-70					
FULL NAME	BALTIMORE MARYLAND	O, WHERE PI	OHN WILLIAM KI ONOUNCED DEAD NSTITUTION, GIVE STREET	4. USUAL RESIDENCE		stitution: residence before admission				
HOSPITAL OR	ADDRESS OR L	OCATION)		C.CITY OR TOWN Baltimore		DE CITY LIMITS? YES NO				
37	Mercy Hospi	tal		4300 La Sa						
s. sex Male	White	WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 3-12-98	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hr. Months: Doys Hours Min.				
sone during most	or working life, even it relif	ed)	D OF BUSINESS OR INDUSTRY		r foreign country)	USA				
3. FAYHER'S N				14. MOTHER'S MAIDEN	NAME	0.011				
Jo	hn Henry K	lees		Stell	a B. Hood					
5. Was Deceos Yes, no or unkno	sed Ever in U.S. Armed wn) (If yes, give wor ar	Forces? dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
Ye	8	7	05 05 2672	Mrs Emma I	. Klees 4300	LaSalle Ave.				
18. S	67.9	DIRECT !	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT				
DISE	ASE OR CONDITION LEADING TO DEA			(FCD	FAILURE	MEFRE				
(This does	not meen the mode	of dying,	e.g., (A)IMMEDIATE CAU	CONSEQUENCE OF:	7770000	10000				
injury or c	e, asthenia, etc. It me amplication which cau	ans me aisi sed deoth.i	ose,							
	ANTECEDENT CAU	SES	MAS	SIVE AS	CITES	MOS				
DISEASES	OR CONDITIONS,	il any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	A					
UNDERLY	the abave cause (NG CONDITION lost	A) sloling	the (c) PSEUD	OMYXOMA	PERITONE	27 1 15				
	11					***************************************				
OTHER SIGN	VIFICANT CONDITIONS ATH BUT NOT RELATED T	O THE TERMI	NG NAL							
19A. DATE	WAS	ONDITION I	OR WHICH OPERATION	20A. AUTOPSY? (Yes o	IN CEPTIEVING CALL	INDINGS CONSIDERED				
OR CONTROL	DENT WAS UNDERLYING CAUSE OF	G 🗌	218 PLACE OF INJURY (e.g., In hame, larm, laciary, street, off etc.)	or about 21 C. WHERE DI	D (II in Baltimare	City, give exoct location)				
DEATH (not	(Month) (Doy) (Ye	ar) (Haur)	21E. INJURY OCCURRED		INJURY OCCUR?					
(APPROX)			While At Not While Nork At Work							
			ed the deceased from			19				
190	the 10 (we) last saw the deceased alive an									
234. SJGNA	TURE	tated 96av	e. (1) (We) (dld) (dld nat) vi	ew the bady after dea						
W-	Husku	Sill	Atten DEGREE Phys.	ding Med.	Shoff Phys.	12/2/70				
23C.PHYSIC NAME	IAN'S (Type)		DEGREE 2	3D. ADDRESS		11				
AA BUGIAL S	/		DEGREE	Merey H	-					
REMOVAL	(Specity)		C. NAME OF CEMETERY OF CREA			, town, or county) (Stote)				
	cial 12/5		Lorraine Park		Woodlawn M	aryland				
AND PAIR KEG	D DI REALIN DEFI.	-	ME OF REGISTRAR	25C. FUNERAL DIREC		ADDRESS				
DECA	400 TEN Z-1-22 -	E Fall	PA COLOR	HEILIN S	HINDAN & CAN-	Inc.				



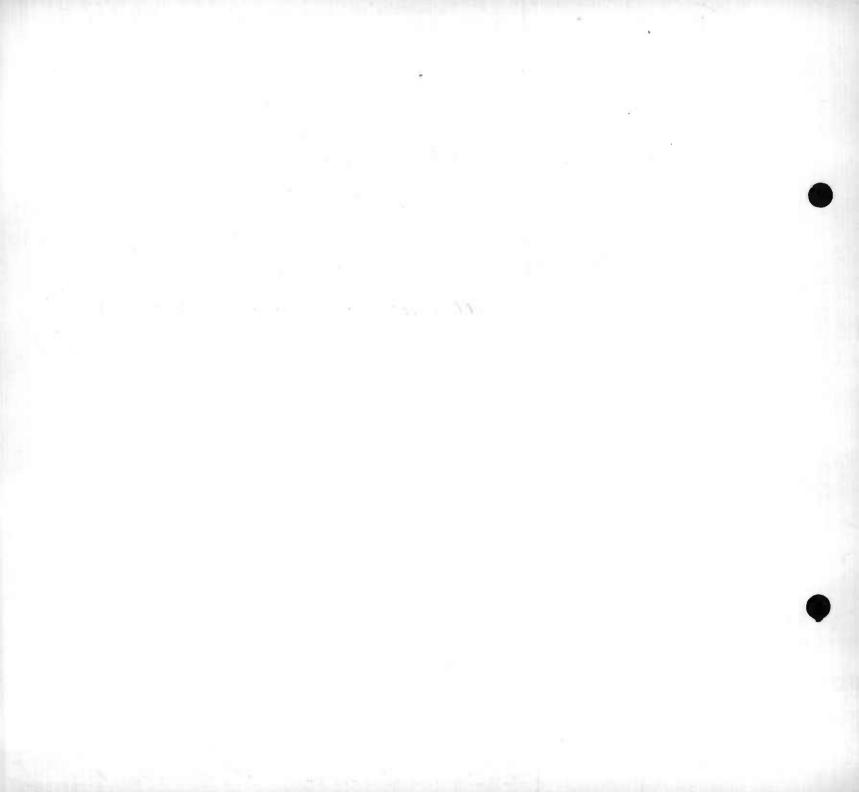
70 11	763 N	MEDICA	L EXAMI	NER'S	CERTIF	CATE OF	DEAT	H	70	11763
BIRTH NO.								KEG. NO.		
1. NAME OF DEC					2. DATE OF	Known	Month	Day	Year	Hour
		HEPPARD			DEATH	Estimoted				M.
4. PLACE IN BAL FULL NAME OF HOSPITAL			RONOUNCED D		3. DATE PRONC	UNCED DEAD	Month Decen	nber 1,1	970 Year	12:10 P.
OR INSTITUTION					5. USUAL	ESIDENCE (Where	dece osed li	ved. # Institution	n: residence l	before admission)
1044 Pe	nnsylvani				A. STATE	Maryland		B. COUNTY	17	101
Male	Negro		SEPPK	NARRIED	Ba1	timore		D. INSIDE CI		№ □
9. DATE OF BIRTH	42 lost b	GE (In years Irthdoy) 28	If Under 1 Yr. If Months Days	Under 24 Hrs. Hours Min.		<mark>AND NUMBER</mark> W. Frankli	n Stre	eet		
II. BIRTHPLACE (S	tate or foreign coun	itry)	WHAT COU		13. FATHER	SAMUEL	R	SHE	PPA	RN
14A.USUAL OCCUI	PATION (Give kind o	fwork 14B. KIN	OF BUSINESS	OR INDUSTR	Y 15. MOTH		AE	0112		ND
done during most of w	the state of the s	fired)	PINAT	=		MART	110	. 1	6	
16. WAS DECEASE	ORER ED EVER IN U.S. A	RMED FORCE	RIVATA S? III. SOCIA		18. INFOR	TIMAN	H4	MILK	DORESS	
(Yes, no or unknown)	(If yes, give wor or	dates of service	SECUI	RITY NO.		illiam S	heppa	rd-655	W. F	ranklin :
19.	10.		CA	USE OF DEA					AP	PROXIMATE INTERVAL
DISEASE	OR CONDITION	DIRECTIV	F	atty Me	etamorp	hosis of I	iver		BETW	EEN ONSET AND DEATH
	EADING TO DEAT									
(This does no	t mean the mode	of dying, e.g.,	(A	DUE TO. OR	AS A CONSEC	UENCE OF:				
Injury or com	asthenia, étc. it mea plication which cous	ed deoth.)								
	ITECEDENT CAUS		(8)	15 1 60 107					
RISE TO THE	ABOVE CAUSE (A	F ANY, GIVING		DUE 10, OK	AS A CONSE	QUENCE OF:				
ZUNDERLYIN	G CONDITION L	AST.	(c)			(1)			
	- 11									
OTHER SIGNI	FICANT CONDITION THE BUT NOT RELATE	NS CONTRIBU	TING							
DISEASE OR	CONDITION GIVEN	I IN PART 1 (A)								
OTHER SIGNI TO THE DEA DISEASE OR	OPERATION 208.	CONDITION	FOR WHICH OP	ERATION W	AS PERFORA	ED				PSY? (Yes or No)
0									yes ((Partial)
ZZA. EXTERN	NAL CAUSE WAS		22B. PLACE OF	INJURY (e.o.,	In or obout	2C. WHERE DID (f in Baltimor	e City, give exp	ct location)	
	OR CONTRIB-		home, form, focto	ry, street, offic	e bidg., etc.) i	2C. WHERE DID (
	Month) (Doy)	(Year) (Hou	r) 22E.INJURY	OCCURRED		2F. HOW DID INJ	HPV OCCI	(D2)		
OF INJURY (APPROX.)		Visit Visit	WHILEAT		WHILE		OKI OGGE	, M.		
23.			m. WORK	AT W	ORK L					
	fy that I held on	Inquiry	Inspection	Pari	topsy &	and that are the	to tout.	to at a		
						and that on th		_		
result	ed from: Natural	causes 🖆	Accident	Sulcid	le ☐ Ho	omicide 🔲 L	Indetermin	ed monner	_	
ACTUAL	V	1 111	///			CHIEF MEDICAL E	CAMINER			DATE SIGNED
SIGNATU	RE huly	ex MI	wol-	M.D	ASSI	STANT MEDICAL E	CAMINER	X		DAIL SIGIALD
EXAMINE NAME (T)	R'S Rona	1d N. K	ornblum,		_	CIATE MEDICAL E	CAMINER		2/2/70)
24A. BURIAL CREM REMOVAL (Specify	ATION 1248 DA	TE	24C. NAME o	CEMETERY	or CREMATO	PRY 24D. L	OCATION	(City, town	, or county)	(Stote)
Burial		ee 70	Mt.	A ubi	ırn		Balti	more,	Maryl	and
25A. DATE REC'D		25B. N	AME OF REGIST	PAP ~		UNERAL DIRECTO			DRESS	
DEC	4 1970	Robert &	Laber	K4]						uid Hill
VS 151-REV. 1/1/68										

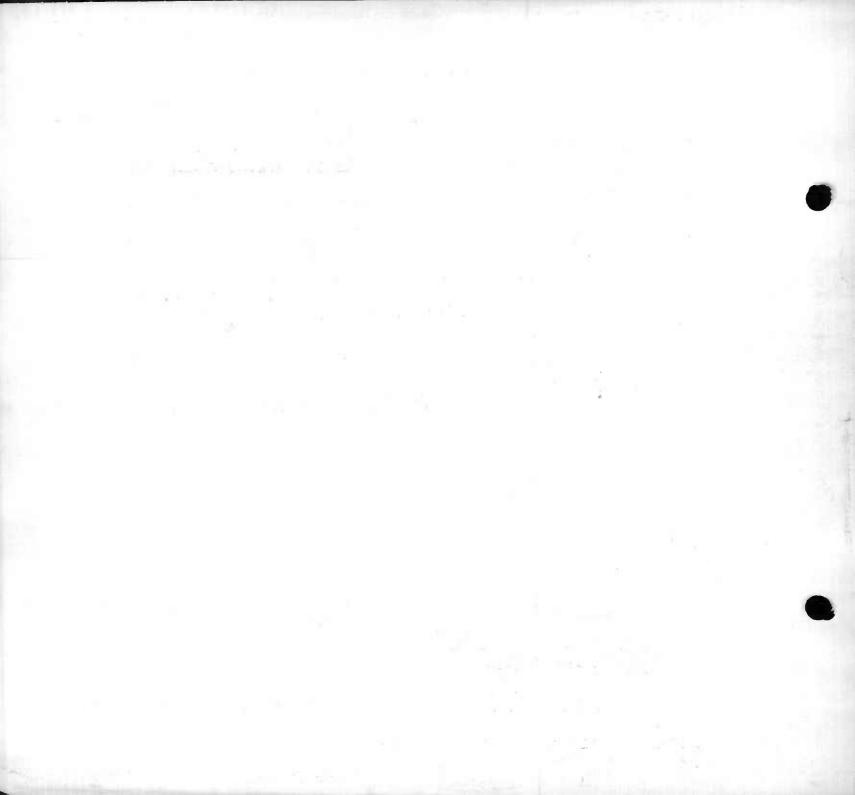


4-25-1.	HEALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG NO 10 11/154
BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Day Year Hour
(Type diny in) MADELINE HAWKINS	OF DEATH Estimoted December 1, 1970 10:00
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD December 1, 1970 10:00
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admissi-
	A. STATE B. COUNTY
Baltimore City Hospital	Maryland /604
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Negro widowed Divorced	□ Baltimore YES ☒ NO □
9. DATE OF BIRTH IO. AGE (In years If Under 1 Yr. II Under 24 In Months 1 Days 1 Hours 1 N	E STREET AND NUMBER
8-30-1940 lost birthday Months Days Haurs N	1800 Lauretta Avenue, 21223
11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	Thomas Hawkins
Halifax Co., N.C. U.S.A. 14A.USUAL OCCUPATION (Give kind al work) 14B. KIND OF BUSINESS OR INDUS	
dane dyring most of warking life, even if relired)	
N/A	Mollie Chase
16. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na ar unknawn)((if yes, give war or dates of service) , SECURITY NO.	IB. INFORMANT ADDRESS Roanoke
Yes, na ar unknawn) (if yes, give war or dates of service) No. 245-58-4625	Mrs. Emma Boone 316 Medline St. N.
19. CAUSE OF D	EATH APPROXIMATE INTE
Hypoxia and a	spiration during spinal anesthesia
DISEASE OR CONDITION DIRECTLY	
ANIMMEDIA	MECATIVE TOT OUR DOLLAR DOLLAR DOLLAR DELLA DELL
(This does not mean the made of dying, e.g.,	E GAODE
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(This does not mean the made of dying, e.g., heart iciture, osthenia, etc. it means the disease, injury ar complication which caused death.)	E GAODE
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BIRTH NO.	3. No. 70 11765
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3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased A, STATE B, COUNTY	Wved. If institution: residence belofo admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET Md Balto	5300
C. CITY OR TOWN	D. INSIDE CITY LIMITS?
Catonsville E. STREET AND NUMBER	YES NO
1 DM Delnie Hospital 1313 Denbright Road	1 21228
5. SEX 6. RACE 7. MARBED NEVER MARRIED 3. DATE OF BIRTH 9. AGE (In lost birthdoy WIDOWED DIVORCED 1-29-24	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote at foreign country)	12. CITIZEN OF WHAT COUNTRY
maryand	· USA
13. FATHER'S NAME	
LANTINY HOTOLOGY Katherine	?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give/war ar dotes af service) \$\frac{1}{2}\$ 6. SQCIAL \$\frac{1}{2}\$CURITY NO.	ADDRESS 21228
2/7-16-1/4/ Mr. Henry J. Rosch,	1313 Denbright Road
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	eduring most of v Retired							elia Jol					
16. (Ye:	WAS DECEAS s, na ar unknown NO	ED EVER IN	War or dates	FORCES of service	21	SOCIAL SECURITY NO. 6-16-1616	18. INFO	Mark Lo	ntington V	loods, A	odine	dichigan (4807	(0)
	19.	1.8			~ 1	CAUSE OF DE		TAGLET IN	ourisbut y ,	1001) 1	Al	PPROXIMATE INTE	RYAL
	DISEAS	E OR CON	DITION DIREC	CTLY		Fatty	Metamo	rphosis	of Liver		55.14	TEEN ONSET AND	DEA
		LEADING T	O DEATH	log e.g		(A)IMMEDIATE							
	heart failure	, asthenia, él	c. It means the lich caused dea	disease,		DUE 10, OK	AS A CONS	EQUENCE OF:					
И	Al	NTECEDEN	CAUSES			(a)							
			TONS, IF ANY	GIVING		DUE TO, OR	AS A CON	SEQUENCE OF	•				
Z	UNDERLYII	NG CONDI	TION LAST.			(c)							
CERTIFICATION	TO THE DE	ATH BUT NO	II ONDITIONS CO OT RELATED TO N GIVEN IN PA	THE TERM	INAL								
ERTI						CH OPERATION W	AS PERFO	RMED			21. AUTO	PSY? (Yes ar	No)
	2/										1	yes	
MEDICAL	UNDERLYING UTING CA		NTRIB-		22B. PLAC home, farm	E OF INJURY (e.g., foctory, street, affi	, in or abau ce bidg., eic.	22C. WHERE	DID (II in Balilma CUR?	re City, give ex	act location)		
2	OF INJURY (APPROX.)	(Month)	(Day) (Year) (Hau	m. WHILE.		T WHILE	22F. HOW D	ID INJURY OCC	UR?			
	23.	Ify that I	held on I	ngulry [las	pection A	stapsy X	and sha	t on this basis,	don't in my	anlutan		
		•	Natural cau		Accide			Homicide _		ned manner			
-	ACTUAL SIGNAT EXAMIN	URE R	ref	Ula	w	M.D. M.	D. AS	CHIEF MED	ICAL EXAMINER PICAL EXAMINER PICAL EXAMINER	□ 図 □		DATE SIGNE	D
	A. BURIAL CREAMOVAL (Special	MATION,	24B. DATE		24C. NA	ME of CEMETERY	or CREMA	TORY	24D. LOCATION	City, taw	n, or county) (Stote	
_	Burial		12/5/7	0	New	Cathedral			Baltimore	Maryl	and		
25	A. DATE REC'D	BY HEALTH	DEPL OF	258-1	MEDE	EGISTRAR		FÜNERAL D	IRECTOR	A	DDRESS	3 12	
1	11-1.4	1.77/15	CAPORTO M	a Ballina	-	-	W	TOZKE.	L'dmor	ndenn Att	0 21	220	

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

24D, LOCATION

12/2/70

(Stote)

(City, town, or county)

ADDRESS

Lansdown, Maryland

Witzke Funeral Home 4101 Edmondson Ave.

Ronald N. Kornblum.M. D.

258. NAME OF REGISTRAR

24C. NAME of CEMETERY or CREMATORY

Mt. Auburn Cemeter

248. DATE

EXAMINER'S

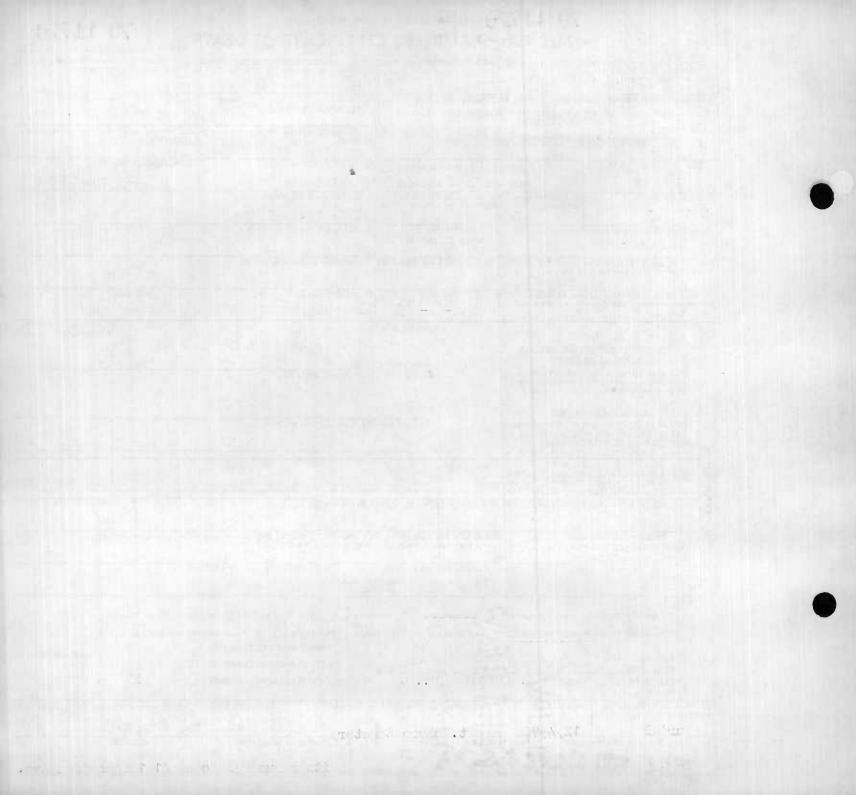
NAME (Type)

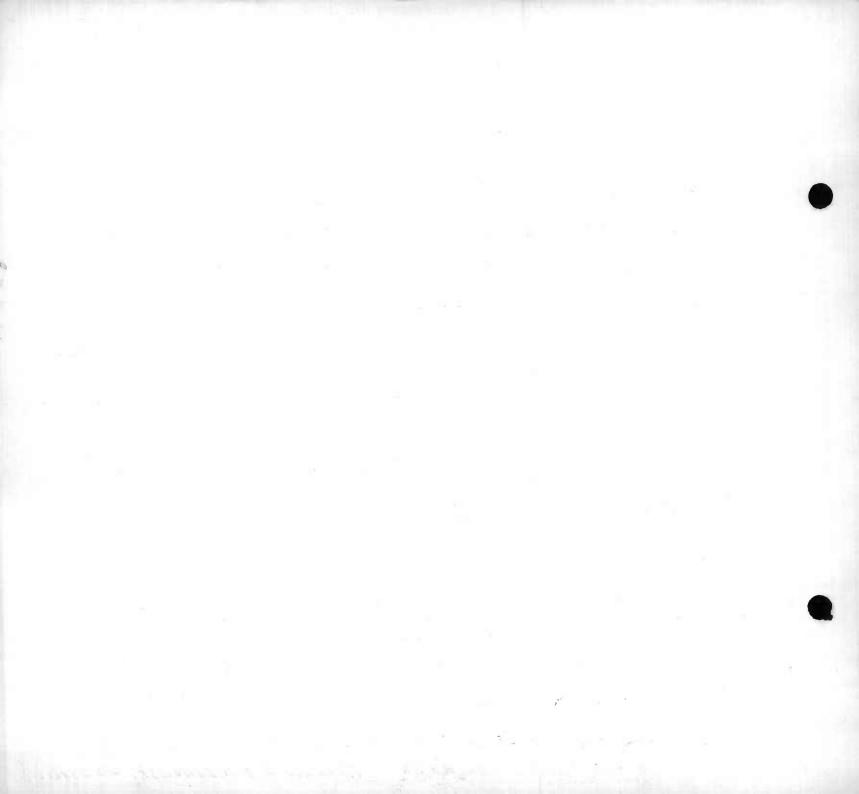
24A. BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

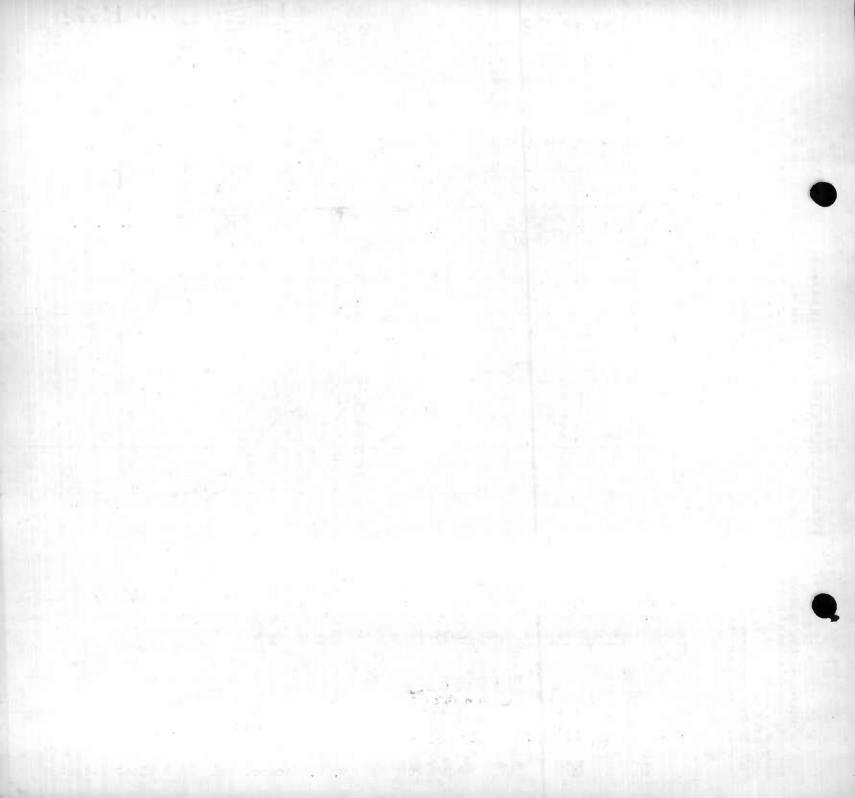
REMOVAL (Specify)

Burial





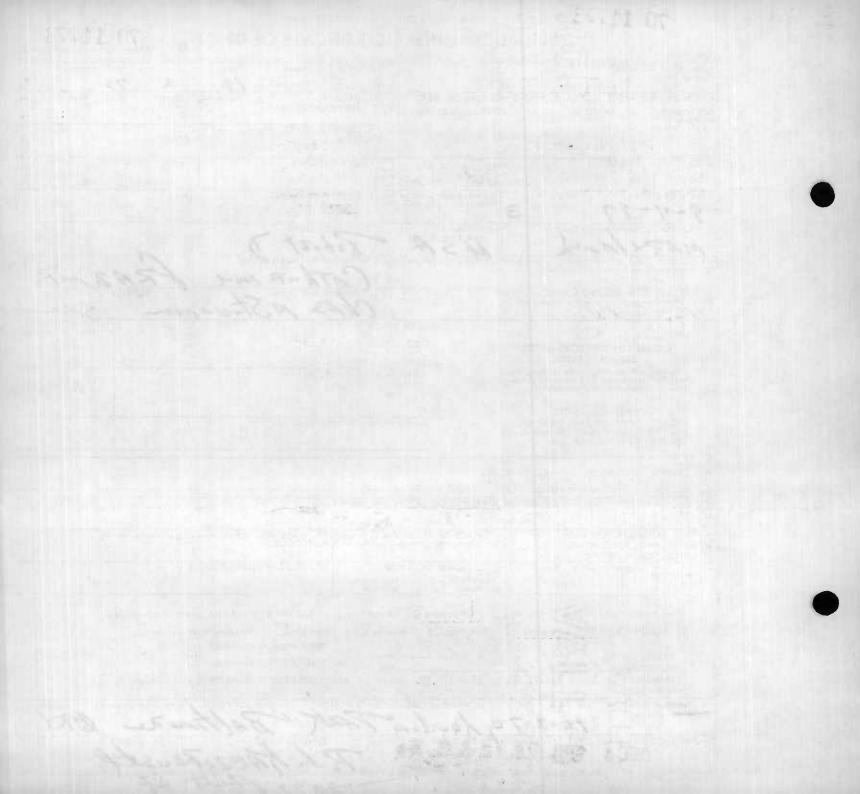
VS 150-REV, 1/1/6B



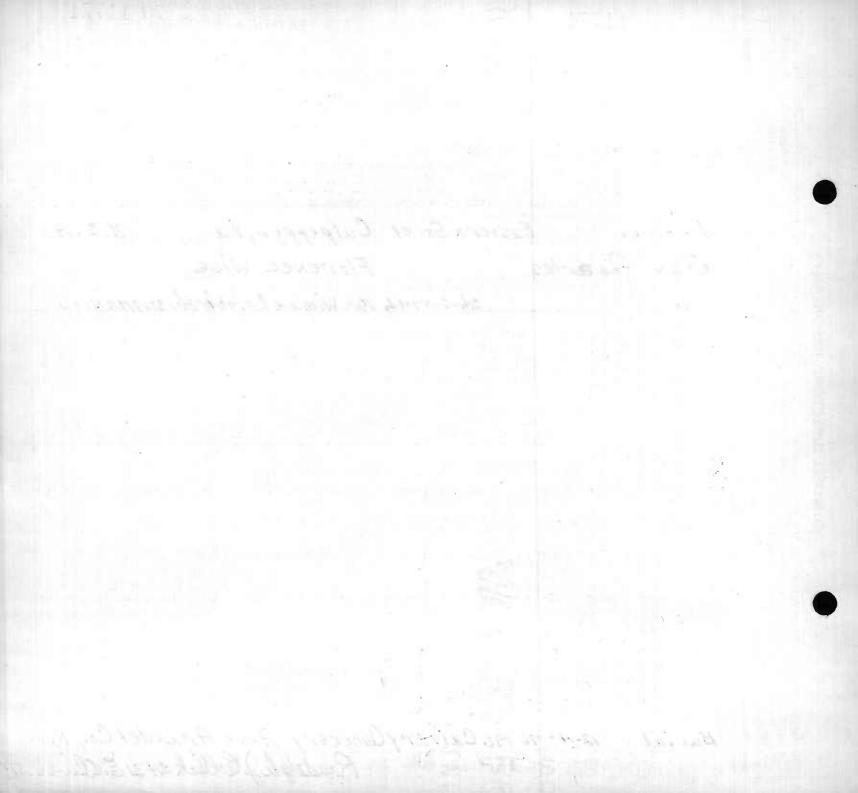
MA	4	4	7	1	12	
70	1	, B	1	.1	1.0	

BALTIMORE CITY HEALTH DEPARTMENT

BIR	TH NO.	Alexander V		ICAL	EXAMINER'S	CE	RTIFI	CATE OF	DEAT	H REG. NO.	70 1	1773	
1. 1	NAME OF DEC	EASED FRANK	R.	STEVE	NSON	2.	DATE OF DEATH	Known Estimated	Month / 1/2	Doy 2	Year 76	Hour	М.
FUL	L NAME OF	(IF NO		AL OR INST	ONOUNCED DEAD		PRONOL	INCED DEAD		Doy aber 2,1		2:31	l A _M
OR	NOITUTION 38	312 Ple	asant	Place		A.	STATE	ESIDEN CE (We r Maryland	e deceased l	B. COUNTY	1	Before admiss	sian)
6. 5	Male	7. RACE Wh	ite	8. MARR	IED NEVER MARRIED DIVORCED	c.	CITY OR Ba	ltimore		D. INSIDE C	CITY LIMITS? CES 🔲	по □	
9. [G - 4 -	97	10. AGE (I	n yeors	If Under 1 Yr, If Under 24 I Months Days Hours A			ND NUMBER 2 Pleasan	t Plac	e			
11.	MARTHPLACE	State or forel	gn country)		12. CITIZEN OF WHAT COUNTRY?	13.	FATHER	S NAME).				
14A dane	USUAL OCCU	PATION (Gir working life, er	ve kind of work ven if retired)	148. KIND	OF BUSINESS OR INDU	STRY 15		R'S MAIDEN NA	ME	1-	RAZ	, et	3
16. (Yes	WAS DECEAS s, no ar unknawn	ED EVER IN	U.S. ARMEI	of service	7 17. SOCIAL SECURITY NO.	18.	INFORM	, ,	-1	enson	ADDRESS	Span	
CERTIFICATION	(This does a heart follure injury or con injury or con DISEASES RISE TO THE UNDERLY!!	E OR CONE LEADING TO LEADING TO India mean the India mean the India mean the India mean	mode of dy It means the lich coused de- CAUSES IONS, IF AN' LUSE (A) STA IION LAST. II	ving, e.g., a disease, oih.) Y, GIVING TING THE	(A) IMMEDIA DUE TO, (B) DUE TO, (C)	OR AS A	CONSEQ	Lung UENCE OF:			DEI	WEEN ONSET AI	NO DEATH
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W					I WAS I	PERFORM	ED			21. AUTO	OPSY? (Yes o	r No)
MEDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (if in Bailmore City, give exact location) home, farm, loctory, street, office bidg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT WHILE M. WORK AT WORK												
		URE // R	Natural cas	111	Inspection Su	Autop Icide [sy D He	ond that on omicide CHIEF MEDICAL STANT MEDICAL OCIATE MEDICAL	Undeterm EXAMINER EXAMINER	00000		date sign	NED
RE	A. BURIAL CRE MOVAL (Spec	MATION, Ify)	24B. DATE 14-3	3-7	24C. NAME of CEMETE	ERY or	PAR	R C	RA/I	Time 2	or county	(State	2
25.	A. DATE REC'D	EC4	1970	728-J	AME OF REASTRANCE		25C. 1	FUNERAL DIRECT	ior 1020	Rous	ADDRESS 2	2	
VIS	151 DEV 1/1/6		4 00 900 2							~ 0	M		



DIRECTOR:



BALTIMORE CITY HEALTH DE	PARTMENT
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811	70 11775 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO	70 11775
1.	NAME OF DECEASED WILLIAM HENRY ALSTON WILLIAM H. ALSTON	2. DATE Known Month Doy	Year Hour
-	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted L	м.
FUI	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Month Day PRONOUNCED DEAD 11 30	1970 5:15 p
HO	PHALIPPATE TORRESS OR LOCATION A MENDED	5. USUAL RESIDENCE (Where deceased lived. # Institution:	M.
3	Maryland General Hospital 12-10-70	ILA STATE & COLLARY	806
6.	7. RACE 8. MARRIED A NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
	ale negro WIDOWED DIVORCED	Baltimore YES	□ NO □
9. [ATE OF BIRTH 915 10. AGE (In years If Under 1 Yr. II Under 24 Hr. Months, Doys, Hours, Mir	L IE STREET AND NUMBER	
11.	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY	13. FATHER'S NAME	
	Cittleton, N.C. WHAT COUNTRY?	Kinchen Alston	
14A dony	USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	TY 15. MOTHER'S MAIDEN NAME	
6	hauffells Supply Co.	Peggy Johnson	
16. (Yes	WAS DECEASED EVER IN U.S. ARMED FORES? / 17. SOCIAL no or unknown)(If yes, give wor or dotes of service) SECURITY NO.	18. INFORMANT ADD	RESS
	NO 237-24-6922		cayette Ave
	19. 4 / 2 / 4 CAUSE OF DE	ATH	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY Arterioso	lerotic cardiovascular disease	
	LEADING TO DEATH	CAUSE	
	neutriunura, osmania, erc. it means me disease.	AS A CONSEQUENCE OF:	
П	injury or complication which coused deoth.)		
	ANTECEDENT CAUSES (8)		
	RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:	
z	UNDERLYING CONDITION LAST. (C)		
B			
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
	DISEASE OF CONDITION GIVEN IN PART 1 (A).		
빙	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAS PERFORMED	21. AUTOPSY? (Yes or No)
	22A- EXTERNAL CAUSE WAS 1228, PLACE OF INJURY(e.g.	1000 1000	yes
EDICAL	UNDERLYING OR CONTRIB. home, form, loctory, street, off	, In or obout 22C. WHERE DID (If in Boltimore City, give exact to bidg., etc.) INJURY OCCUR?	location)
	UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E,INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	OF INJURY (APPROX.) WHILE AT NO	T WHILE C	
	3. m. WORK AT	WORK L.J	
	I certify that I held an inquiry I Inspection A	utopsy X and that on this basis, death in my or	inion
	resulted from: Natural causes & Accident Suici	de Homicide Undetermined manner	
	Dr. 1/8.	CHIEF MEDICAL EXAMINER	
	SIGNATURE After Pendul M.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	10 1 70
244	NAME (Type) Tsidore Mihalakis, M.D. BURIAL CREMATION, 1248. DATE 124C. NAME of CEMETERY		12-1-70
REA	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, o	r county) (Stote)
E	48121 12-4-70 ArbutusM	enorial PK. Arbutus.	Nd.
254	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADD	RESS
	DEC 4 1970 Public E. Jahren May	Kandalah Coolling 212	18 Oliver St
1/6	51-REV. 1/1/68	THE WALL SET STATES	The state of the

V.S. 153 12-10≈70 M.H.

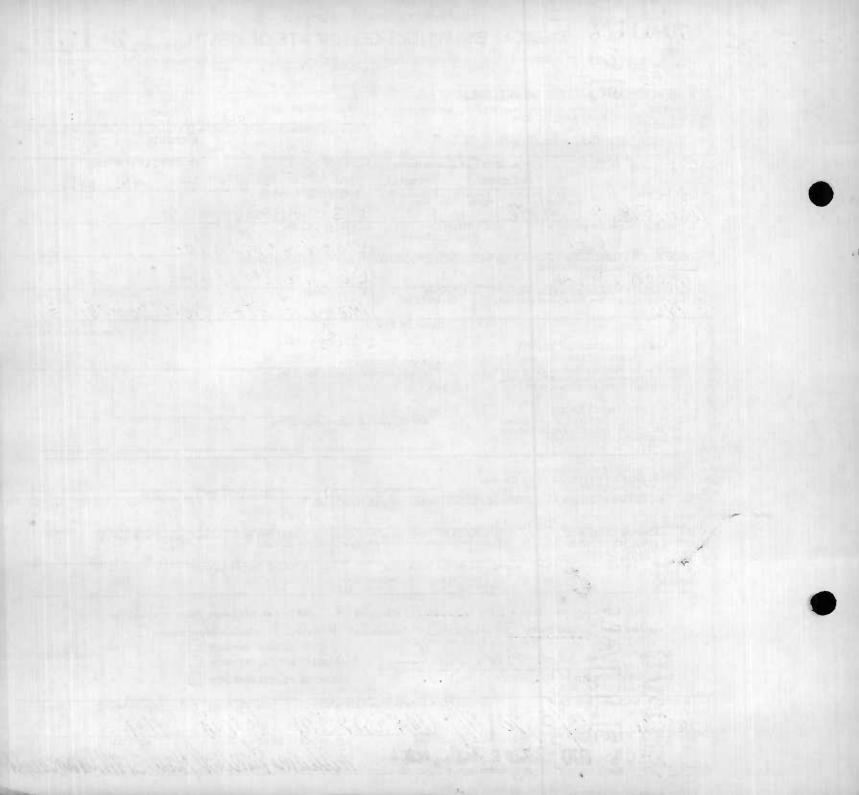
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70	11776
I. NAME OF DECEASED	2. DATE Known XX Month Doy Year	r Hour
(Type or Print) Bobby Gaylord	OF DEATH Estimoted 11 26 70	8:22 p.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Yeo	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 11 26 70 5. USUAL RESIDENCE (Where deceased lived, if Institution: residen	I M.
Johns Hopkins Hospital	A. STATE B. COUNTY	833
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMIT	5?
male Negro widowed Divorced	Balto. YES	NO 🗆
9. DATE OF BIRTH 3/9/42 10. AGE (In years Hunder 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 28	2408 L1ewlyn Avenue	
11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
Plymouth N.C. 71.S.A.	MANAS VAVIDEN NAME	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even li retired)	- 1 0 11	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	BESINICE BASNIGHT ADDRESS	
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Banusa Conland who I law	Ollyn Aun.
IS. CAUSE OF DEA	TH	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Gunshot wound of neck	ETHEN CHOSET AND DEATH
LEADING TO DEATH (A)IMMEDIATE (
	AS A CONSEQUENCE OF:	
Injury or complication which coused death.)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
DE II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AL	Yes
22A. EXTERNAL CAUSE WAS UNDERLYING TO CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., home, form, foctory, street, office unit.	In or obout 22C. WHERE DID (If in Bollimore City, give exact location bidgo, etc.) INJURY OCCUR? Subject was found front of 2443 E. Hoffman	St. in \$33
OF INJURY COOK (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.) 11 26 70 8 10 WORK NOT AT W	WHILE Subject was shot by unknown	assailant.
	topsy XX and that on this basis, death in my opinion	1
resulted from: Natural Causes Accident Sulcite		
A. MINTELLE	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE MILEY MAGE M.D	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type) Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER 🖾	11/27/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or coun	nty) (Stote)
Burial 11-31-70 Mt. Calvar	Y CENETERY PHNE Brundel Cu	o., Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25B. NAME OF	Paudalal Pallich 24318	d'une le
VS 151-REV. 1/1/68	June gur grillout at 1160	

CONTRACTOR OF THE CONTRACTOR Burial Harm Mc Culvary Lovery Dome Bursh Ca Ke Partielle La Calle Committee Committ

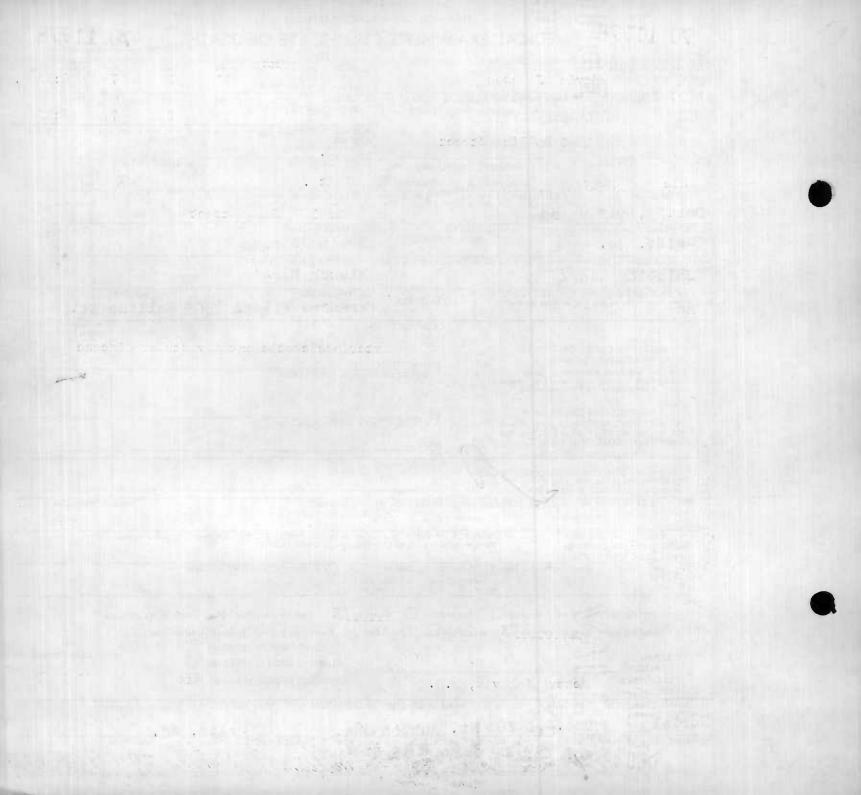
BALTIMORE CITY HE	ALTH DEPARTMENT				
70 11777 MEDICAL EXAMINER'S	CERTIFICATE	E OF DEA	TH REG. NO	70	11777
BIRTH NO.			NEO. 140		
1. NAME OF DECEASED	2. DATE Knows	n Manth	Day	Year	Hour
(Type or Print) FRED GUNTER	OF Estima	ated			
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DENIII				
	3. DATE	Month	Doy	Year	Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED D	Decem	ber 2,197	70	1:00 A.
OR INSTITUTION	5. USUAL RESIDENC				
SOUTH BALTO. GENERAL HOSPITAL	A. STATE	r (mara deceme	B. COUNTY	in: residence b	elore odmission)
7 300111 DAMIO: OHIGHRIA HOSTITIA	Mary	land			501
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN		D. INSIDE C	ITY LIMITS?	
Mate Negro _	Baltimore				
WIDOWED L. DIVORCED L.	Bartimore		1	res 🛛 I	40 D
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NU	MBER			
last birthdoy) Months Days Hours Min.	4				
1/04.1011877 161	1103 Cherry	y Hill Ro	ad		
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. EATHER'S NAME		1		
WHAT COUNTRY?	15/41/	4 1000	14		
102.	DONN C	- Lawn	100		
14A-USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAID	EN NAME	1		
done during most of working diffe, even firelited)	1 Saplai	Hunch	30 40		
Truck Driver	00/1/100	apoli	Wr		
14. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no opposition with [1] (Yes, no opposition	IB. INFORMANT	1 1		DDRESS	1. 1/n1
Secontification of the second	11/24/1/2	111. 124	11236	hens. 11	11/1/1
119. CAUSE OF DEA	VIII V LI	wolor	11009	1011911	11/1/20
CAUSE OF DEA	TH /				røximate interval En onset and dea
Du Imanas	y Emphysema			/	EIT OF WEIT POTO DES
Fulliviid i	J J				
DISEASE ON CONTONION DIRECTE					
LEADING TO DEATH (ANIMMEDIATE O	AUSE				
LEADING TO DEATH (This does not mean the mode of dylng, e.g.,	AUSE AS A CONSEQUENCE OF	Fi			
LEADING TO DEATH (A)IMMEDIATE C		Ft			
(This does not mean the mode of dying, e.g., heart foilure, ostheria, etc. it means the disease.		Ft			
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. it means the disease, injury or camplication which caused deoth.) (A) IMMEDIATE COUNTY OF THE PROPERTY OF THE PR	AS A CONSEQUENCE OF				
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. it means the disease, injury or camplication which caused deoth.) ANTECEDENT CAUSES	AS A CONSEQUENCE OF				
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. it means the disease, injury or camplication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE					
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. it means the disease, injury or camplication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF				
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LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. it means the disease, injury or camplication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF				
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. it means the disease, injury or camplication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF				
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. it means the disease, injury or camplication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF				
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LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. it means the disease, injury or camplication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE O			21. AUTOF	SY? (Yes or No)
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, eic. it means the disease, injury or camplication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	AS A CONSEQUENCE O			21. AUTOR	SY? (Yes or No)
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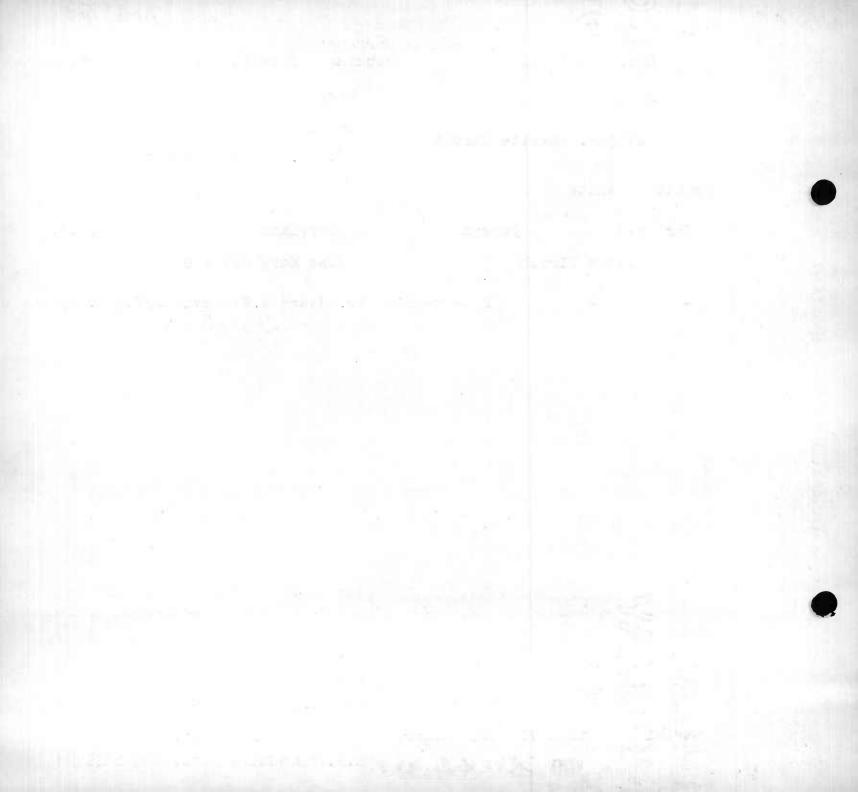
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₹ 22A. EXTE	RNAL CAUSE WAS		22B. PLACE OF INJURY (e.g.,	In or obout 22C. W	HERE DID (ILI	n Baltimore C	ltv. give exoc	l location)	yes
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DING □ C. 22D. TIME	AUSE OF DEATH. (Month) (Doy) (Yea	r) (Hou	r) 22E.INJURY OCCURRED	22F. H	OW DID INJUR	N OCCURS			
OF INJURY (APPROX.)	(Monny (Doy) (Yea	(1.00		T WHILE	ON DID INGO	. Occor			
23.			m. WORK LAT V	WORK L					
l cer		nquiry			d that on this		_		
resu	Ited from: Natural cau	ses MA	Aceident Sulci	de Homici		determined	manner _	_	
ACTUA	71.	1,	101/1/1		MEDICAL EXA	-			DATE SIGNED
SIGNA		u	1 / CCCC MIL	ASSISTAN	T MEDICAL EXA	MINER _			
EXAM!! NAME	I. W. L. Co.L.	Lipko	vic, M.D.	ASSOCIATI	E MEDICAL EXA	MINER X	ĸ		11/30/70
24A. BURIAL CRI REMOVAL (Spe Burial		1070	24C. NAME of CEMETERY		24D. LO		(City, town,	or county)	(State)
	D BY HEALTH DEPT.				RAL DIRECTOR	alto.	Md.	DRESS	,
DI		Ber B	E. Jailey 129.	2/1/1/	WAL DIRECTUR	erall	100 3M	78/1	Mordus
VS 151-REV. 1/1/	68			· · · · · · · · · · · · · · · · · · ·		11		444	



DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



811 Washington Blud.

BALTIMORE CITY HEALTH DEPARTMENT 70 11781 Dec. 1,1970 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES X NO 1325 W. Fayette St. 9. AGE (In years If Under 1 Yr. Months! Days II Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ADDRESS Frank Jordan 1101 Coloney St. APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II In Bolilmore City, give exact location) 21 F. HOW DID INJURY OCCUR? ond that In(my))(our) opinion death occurred an the date (State)

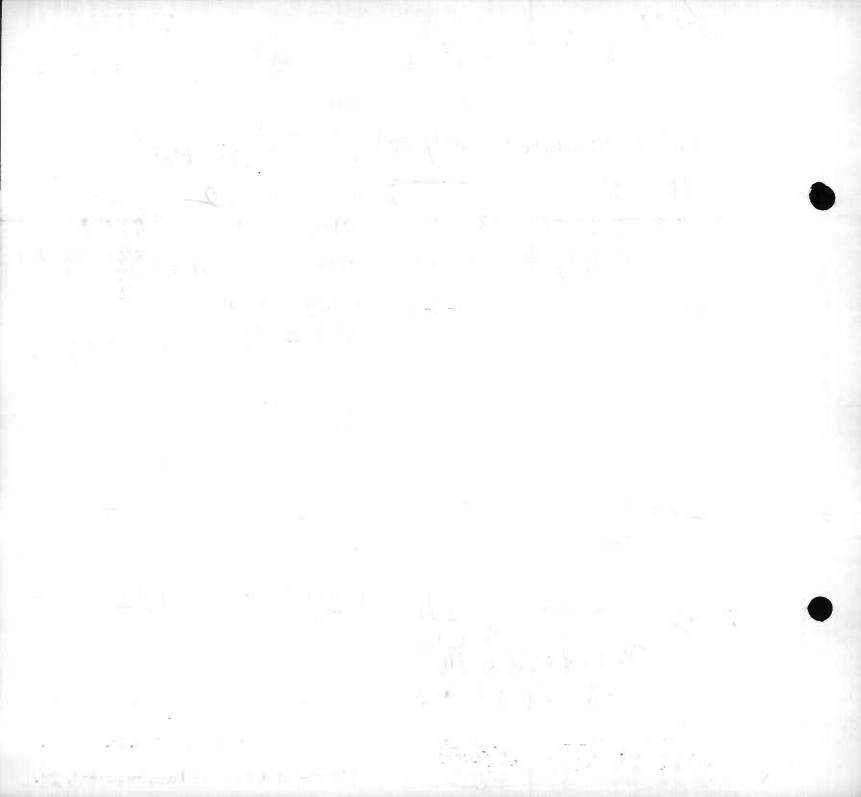


FUNERAL DIRECTOR:

1/150	BALTIMORE CITY	HEALTH DEPARTMENT		
70 1.1 BIRTH NO.	782 CERTIFICA	TE OF DEATH	REG. NO.	0 11782
(Type or Print) Marris	nomas Hornic		HOUR OF DEATH	340 D
3. PLACE IN BALTIMORE, MARYLAND, WHERE P		4. USUAL RESIDENCE (Where	deceased lived. If institution	n: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	A. STATE B. COUNT	. A. Ca 5	200
		Glen Busy	YES Y] NOFT
3South Baltimore Ge	eneral Hospital	E. STREET AND NUMBER	1	Grove Road
M I IA/	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH		nder 1 Yr. If Under 24 Hrs. hs Doys Haurs Min.
IOA, USUAL OCCUPATION (Give kind of work 108, KIP		11. BIRTHPLACE (State or fareig	5 5 12 C	TITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	- Supply Co.	Baltimore,	ml	U.S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE /	
MOKKIS T. HOKNICK	SK	Vola Estel	le Robust	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dates of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO -	215-07-7780	MRS. CONSTANC	e M. Horn	ick (wine)
18.4/014 1	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Myncardial	Infarction	14 days
(This does not mean the mode of dving.	e.g., (A) IMMEDIATE CAL	A CONSEQUENCE OF:	277/90.	77-000/15
heart failure, asthenia, etc. It means the dis injury or complication which caused death.)	ease,			
ANTECEDENT CAUSES	403			i
DISEASES OR CONDITIONS, if ony,	iving (B)	A CONSEQUENCE OF:		****
tise to the obove cause (A) stating UNDERLYING CONDITION lost,	(c)			
	(-)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING			1
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No.)]	000 II 400 III 400 III 1	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERMINISE OF CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	TOR WHICH OFERATION	ZVA AUTOPSIT (Tes of No.	208 IF YES, WERE FINDING IN CERTIFYING CAUSES O	F DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical exomine)	21B. PLACE OF INJURY le.g., inhome, farm, factory, street, of	ar about 21C. WHERE DID	(If In Boltimore City,	give exact lacotion)
OF INJURY (Month) (Day) (Yeor) (Haur)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
IAPPROX.)	While At Work At Work			
22. I certify that (I) (this hospital) attend			70 to Dec.	2 19 10
that (1) (we) last sow the deceased alive	A			soth occurred an the date
and haur and from the causes stoted abo	ve. (1) (We) (did) (did not) v	few the body ofter death.		
23A. SIGNATURE			23 B, D	ATÉ SIGNED
Susumu Kinja	MD DEGREE Phys	nding Med. S	hys. \(\overline{D}\)	ec. 2.1970
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	C1 1 P 01	140 2:22
24A- BURIAL CREMATION, 124B, DATE 12	DEGREE OF CREEKERY OF CRE	MATORY 124D. LO	er Street, Balt.	
REMOVAL (Specify)	14 1 -1 All	MATORY 24D. LO	CATION (City, fawn	, as county) (Stole)
BUNICO 12/5/70 /	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ridge	MU.
0504 500 00 40 Z	0. 20	0 11 5 1	1 C/2 P	ADDRESS
VS LOCAL TO THE TANK OF THE TA	AND AND IN	IK.V. SINGLE	ton July Byx	wie ma.



	BALTIMORE CITY HEALTH DEPARTMENT
	70 11783 CERTIFICATE OF DEATH REG. NO. 70 11783
	NAME OF DECEASED HOLY (S, Roblet L 2 DATE AND HOUR OF DEATH 2 DATE AND HOUR OF DEATH 12 DATE AND HOUR OF DEATH 12 DATE AND HOUR OF DEATH
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission) A. STATE B. COUNTY
H	ULL NAME OF OSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OC. CLIY OR LOWN D. INSIDE CITY LIMITS?
1	Muion Memoral Hospitale STREET AND NUMBER NO TO
1	1 3808 Talls Rd
	SEX WIDOWED DIVORCED 8. DATE OF BIRTH 9. AGE (in years lost birthday Months Doys Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Farmer 12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME Harry 4. Harry 14. MOTHER'S MAIDEN NAME 3808 Fall Rd
15. (Ye	Wes Deceesed Ever in U. S. Armed Forces? s,no of unknown) Uf yes, give war or doles of service) 16. SOCIAL SECURITY NO. 216-03-2977 17. INFORMANT 18. Howterd R. Harris
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH
	(This does not meon the made of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or camplication which caused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)
Z	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
CERTIFICA	199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYTING CAUSE OF C
MEDI	21D. TIME (Mon#i) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While All Work All Work
	22. 1 certify that (I) (this haspital) attended the deceased from 11970 to 1970
	that (1) (we) lost saw the deceased alive on 1970 and that in (my) (our) opinion death occurred on the date
	and have and from the causes stated above. (1) (We) (did) (did not) view the body after death.
	Attending Med. Staff Phys. Director Phys.
	PAZERAS MD 23D. ADDRESS Union blowork Hosp.
24/	A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
254	Burial 12-11-70 St. Paul's Cemetery Upperco, Balto.Co. Md.
1	DECA SEE OF AC 3. C. Sen
1/6	Tipton-Eline Funeral Home, Hampstead, Md.



BIRTH NO.	4 A. 1 U.S.	TE OF DEATH	70 11784 G, NO		
Thomas (Type or Print)	Jaworsky JAWORSKY	2. DATE AND HOUR C			
3. PLACE IN BALTIMORE, MARYLAND, W		4. USUAL RESIDENCE (Where deceased A. STATE B. COUNTY	lived If institution; residence before admission		
FULL NAME OF ADDRESS OR LOCK INSTITUTION Baltimore City 4940 Eastern & Baltimore, Mary	venue	Maryland c. CITY OR TOWN Dundalk E. STREET AND NUMBER 8222 Long Point Road	Baltimore 5300 D. INSIDE CITY LIMITS? YES NO E		
5. SEX 6. RACE Male White	7- MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In lost birthdoy	yeors If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Steel Worker	Beth. Steel Co.	11. BIRTHPLACE (Stole or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY U.S.A.		
	s Jaworsky	14. MOTHER'S MAIDEN NAME Mary Ann Bansak			
15. Was Deceased Ever in U. S. Armed For (Yes, no arunknown) life yes, give war or date No	16. SOCIAL SECURITY NO. 209-07-6979	17. INFORMANT Records: BCH: 4940 Ea:	ADDRESS stern Avenue 21224		
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not meon the mode of heart failure, asthenia, etc. If means injury or complication which caused	dying, e.g., (A) IMMEDIATE CAU DUE TO, OR AS A	1/1/201000 +	heart 12 yrs.		

or final disposition is made. Undetermined in regular deceased Was the 0 death attendance embalmed fracture regular obtained before the remains are physician at a hospital (except where the physicia rior to death); and (6) No physician was burns; any nature; (2) Body was released to the hospital deceased prior to death); written approval must be shows: (1) the body was D.O.

CERTIFICATIO

MEDICAL

IMPORTANT

FUNERAL DIRECTOR:

the chief

approved by

7	II II		
	UNDERLYING CONDITION last.	(c)	
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS A CONSEQUENCE OF:	
	ANTECEDENT CAUSES	(R)	
	this does not meon the mode of dying, e.g., heart tailure, asthenia, etc. If means the disease, injury or complication which caused death.)	DUE TO, OR AS A CONSEQUENCE OF: distase	
	lithis dose not mean the made of duing an	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1 7 -

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, affice bidg., INJURY OCCUR? (If In Boltimore City, give exact location) DEATH (notify medical examined)

21D. TIME OF INJURY (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX.)

22. I certify that (1) (this haspital) attended the deceased from that (i) (we) last saw the deceased alive an 0 and that in (my) (our) apinian death accurred an the date

and have and from the c	auses s	tated abave. (!) (We) (did) (did not) view the	bady after	death	•	
James	1.	Corlins	Attending Phys.	Med.	, 🗆	Staff Phys.	23B, DATE SIGNED 12-1-1970
23C. PHYSICIAN'S NAME (Type)			23D. AD	PRESS 4940	Fa	stern	Avenue Baltimore Md.

James T. Corkins 4940 Eastern Avenue, Baltimore, Mc Baltimore City Hospitals						
NAME (Type) Again Eastern Avenue Baltimore Mo	ore, Ma.			Corkins	T.	

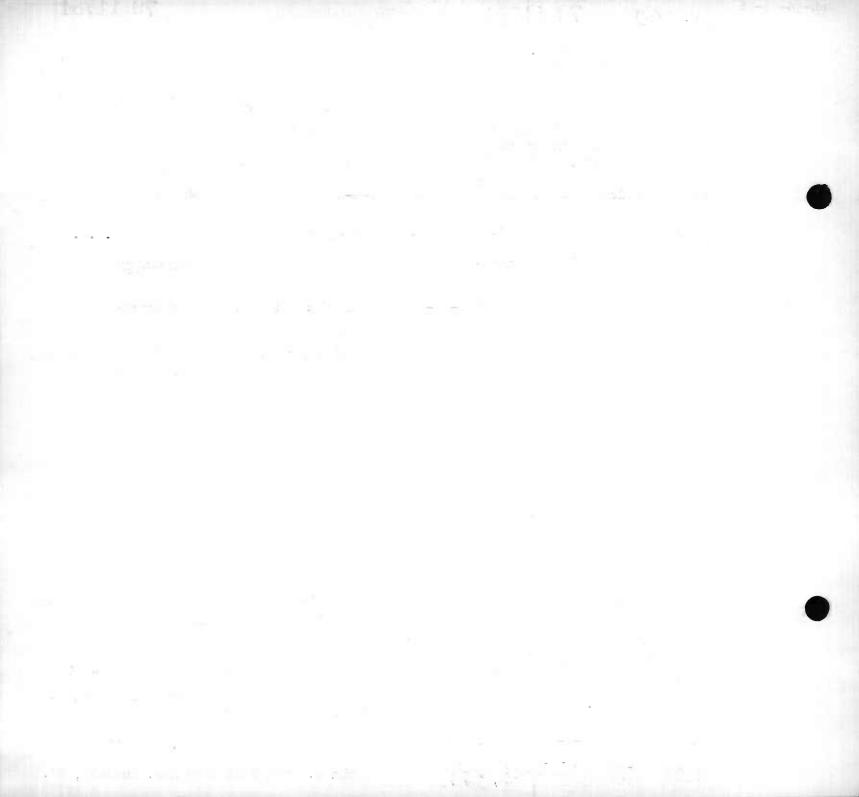
St. Stanislaus Burial 258, NAME OF REGISTEAR

25C. FUNERAL DIRECTOR ADDRESS

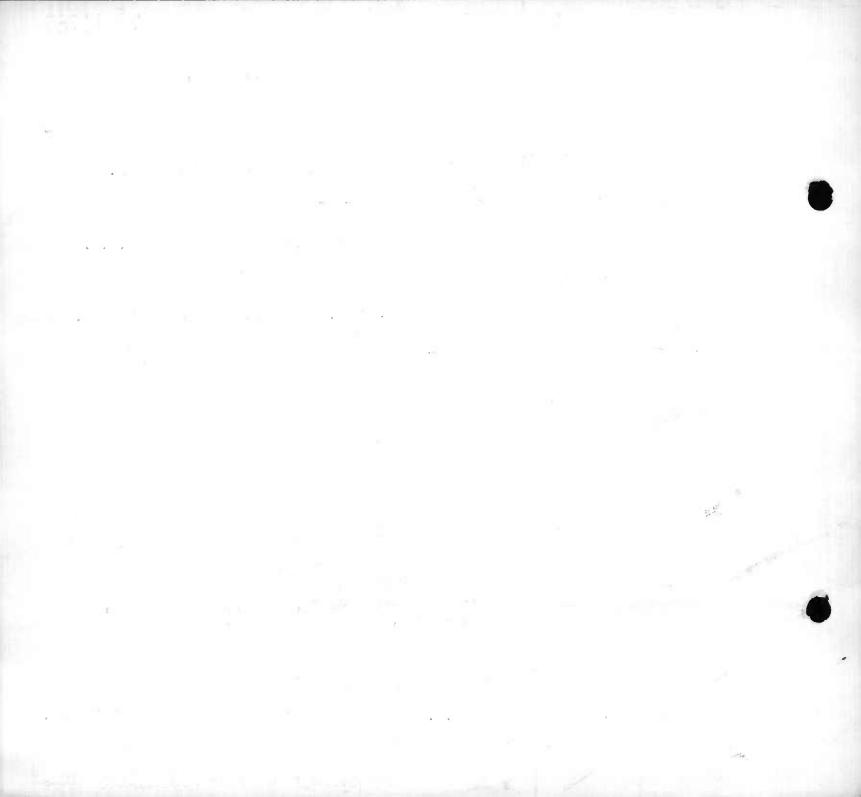
VS 150-REV. 1/1/68

John J. Duda 7922 Wise Ave. Dundalk, Md.

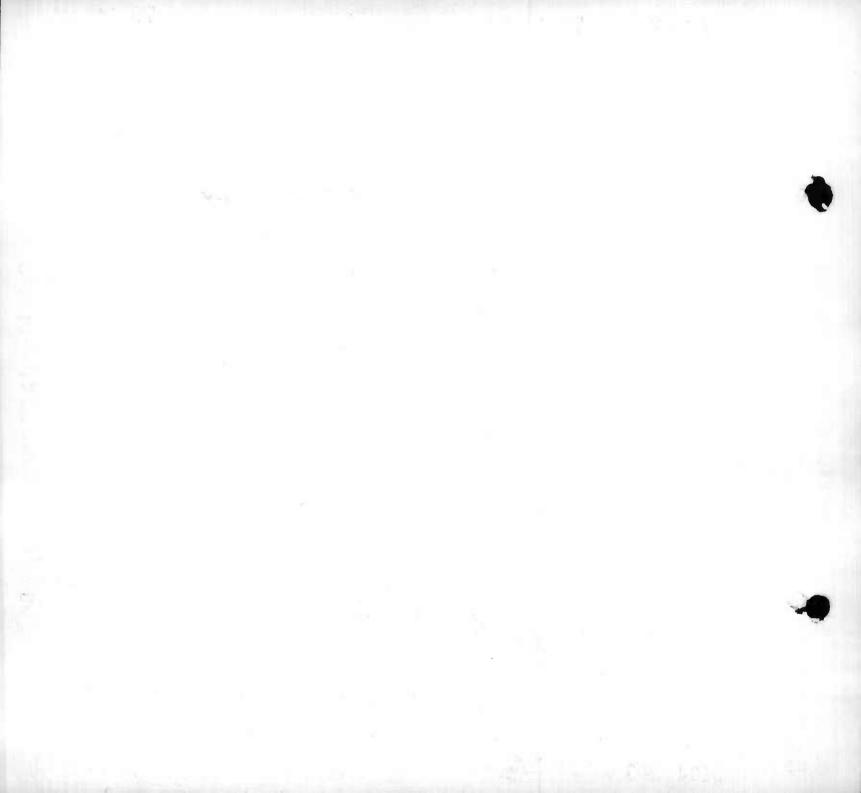
Baltimore, Maryland



M-245 70 11	1/40	HEALTH DEPARTMENT	REG. NO	70 11785				
1. NAME OF DECEASED (Type or Print)			ND HOUR OF DEATH					
HELEN MCLEA	AN	DEC	EMBER 2. 1	970 2 am				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	ne deceased lived. If	970 2 am.				
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	MARYLAND c. city or town		SIDE CITY LIMITS?				
2 PROVIDENT HOSE	PTTAT.	BALTIMORE		YES X NO				
1514 Division		E. STREET AND NUMBER						
5. SEX 6. RACE 7. 44 A.D.		910 Arlingt	on Avenue					
Female Black Widow	RIED NEVER MARRIED DIVORCED DIVORCED	2-23-16	9. AGE (In years lost birthdoy)	Il Under 1 Yr. If Under 24 His. Months Doys Hours Min.				
10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country!	12. CITIZEN OF WHAT COUNTRY?				
and a morning may aren a remed		Manual and						
13. FATHER'S NAME		Maryland 14. MOTHER'S MAIDEN NA	ME	U.S.A.				
JAMES RODGE	R5	ELIZABET	1 -	USON				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown!)(If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORM ANT	1-164	ADDRESS				
NO	152-22-5805	Mrs. Edna Th	omas/Siste	r 520 Mt. Holley				
18. 4 0 4 XI	CAUSE OF DEATH	massive Con	0. 011	MOTING THE WEEN ONSET AND DEATH				
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	Cerebra	0.0.1	1 6 7 1	5 days				
(This does not mean the made of dying, heart failure, asthenio, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	watery Des	reacy 2 Kus				
ANTECEDENT CAUSES	jury ar camplication which caused deoth.)							
	(B) (C)	Renal ruje	nellen	a undelemmen				
DISEASES OR CONDITIONS, it any, girtise to the abave cause (A) stating UNDERLYING CONDITION last.	the (c) A	Eclerat Cardy	orand I	iseons				
7 11								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMIN	NG IAL							
O DISEASE OR CONDITION GIVEN IN PART 1 (A).	******************	20A. AUTOPSY? (Yes or No	I 208 to vec week	ENDING: CONSIDER				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1998 CONDITION F WAS PERFORMED	or which or explicit	yes)	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?				
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, off	or obout 21 C. WHERE DID	(If In Boltimor	re City, give exect logopion)				
DEATH (notily medical examines)	elc.)	ico bidg., INJURY OCCUR?						
	21 E INJURY OCCURRED	21F. HOW-DID INJ	URY OCCUR?					
(APPROX)	White At Not While Work							
22. I certify that (I) (this hospital) attende		tombon 20	10 70 Dece	amban 2				
that (I) (we) last saw the deceased olive		. 70	19 70 to Dece					
·			at in (my) (our) opi	nion death occurred on the date				
and hour and from the causes stated above	v, (ι) (πe) (did) (did not) vi	ew the bady after death.		Inch Days stones				
Webite &	Attended to the Phys.	ding Med.	Staff Phys.	2 Par 70				
23C. PHYSICIAN'S NAME (Typel		3D. ADDRESS						
Dr. Webster Se	well M.D. DEGREE	PROVIDENT HOS	SPITAL/ 151	4 Division St.				
24A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF CRE			ty, town, or county) (State)				
	MT. PLEASANT	CEM.	BALTO.	Md1				
DEC 4 1970 Pale & Labor	AE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS				
/S 150-REV. 1/1/68	S of the	Kolern P. H.	1848 C4	Chain Street				
13 130 REY 1/ 1/00								



VS 150-REV. 1/1/68



DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

NO

ADDRESS

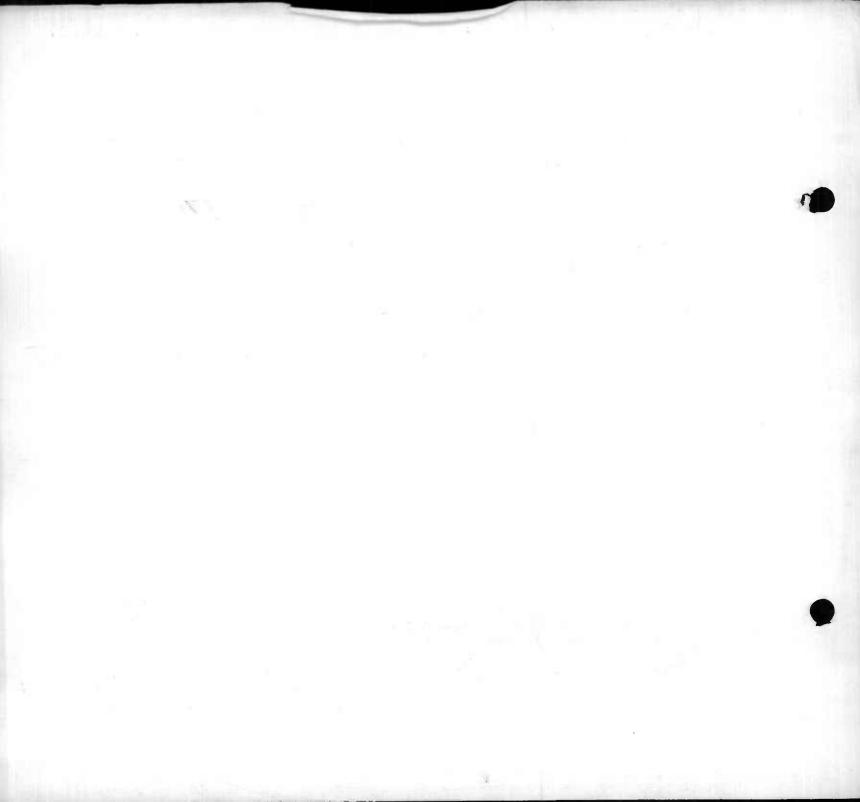
HEK

ADDRESS

APPROXIMATE INTERVAL

2 SEASE

If Under 24 Hrs.



DIRECTOR:

FUNERAL



VS 150-REV. 1/1/68



deceased written ap he body shows: Mas

RECORDS-WILKENS & CATON AVES APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH and that fn (my) (our) opinion death accurred an the date ST AGNES HOSPITAL-WILKENS & CATON AVES Burial Arlington National Cemetery Arlington, Virginia 25A. DATE REC'D BY HEALTH DEPT. ____ 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Witzke, 1630 Edmondson Ave., 21228 VS 150-REV. 1/1/6B

- (1000) -

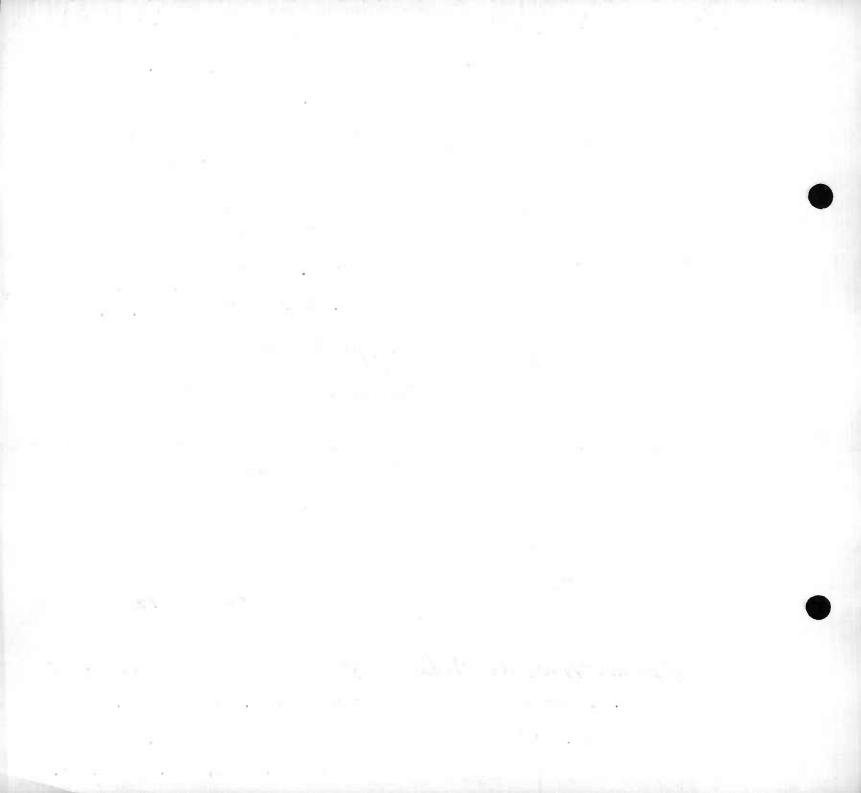
DIRECTOR:

FUNERAL



FUNERAL DIRECTOR:

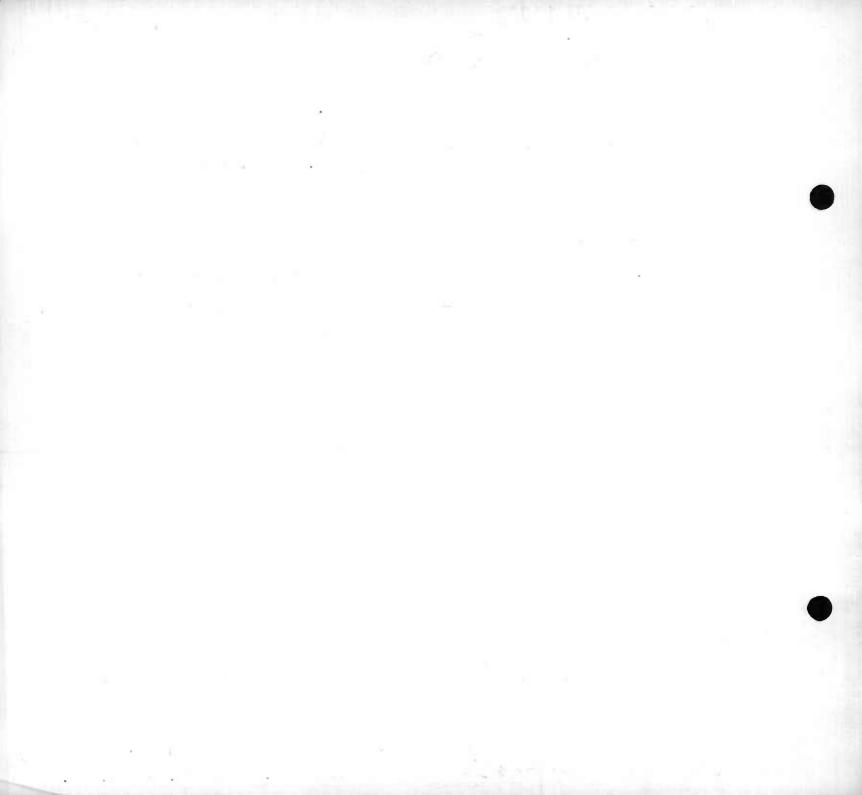
H-760 711 11789	ERTIFICATE OF DEATH REG. NO. 70 11792
1. NAME OF DECEASED (Type or Print) KATHERINE E. H	HEIGER December 3,1970. /Z/30 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEA	AD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVEN HOSPITAL OR INSTITUTION GIVEN HOSPITAL OR INSTITUTION GIVEN HOSPITAL OR INSTITUTION	A. STATE B. COUNTY
0002 Clifton Park Terrace	Baltimore YEST NO STREET AND NUMBER 3002 Clifton Park Terrace
5. SEX 6. RACE 7. MARRIED NEVER /	
Female White WIDOWED DI	IVORCED Bec 11 1891 78
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS of done during most of working life, even it retired) Housewife	OR INDUSTRY 11. BIRTHPLACE (State of fareign country) Baltimore, Md USA USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Gabler	Mary T. Swanner
S. Was Deceased Ever in U. S. Armed Forces? Yes, na or unknown! (If yes, give war or doles of service) NO	Mrs. Vincinia Bussell 3002 Clifton Park Te
18. 22 / 2 0 L CAUS	ISE OF DEATH Balto. Md.
	IMMEDIATE CAUSE SEA CONSEQUENCE OF: BETWEEN ONSET AND DEAT 10 yau DUE TO, OR AS A CONSEQUENCE OF:
injury or complication which caused deoth.) ANTECEDENT CAUSES	atheroscleeonic Cl; D. 10 ym
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)	DUE TO, OR AS A CONSEQUENCE OF:
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (A).	Fartie ulcer 5 yn
19A DATE OF OPERATION 19B CONDITION FOR WHICH OPER WAS PERFORMED	ERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF	INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact lacation) clary, street, office bidg., INJURY OCCUR?
21D.TIME (Month! (Day! (Year! (Hour) 21E INJURY OF INJURY (APPROX.) While At Work	CCURRED 21F. HOW DID INJURY OCCUR? Not While At Work
22. I certify that (i) (this hospital) attended the decease that (i) (we) last saw the deceased alive an	ed from 1956 to 12 - 3 1970 $/2$ - 3 1970 and that in (my) (aur) apinion death accurred an the data
and have and from the causes stated above. (1) (We) (did	i) (did not) view the body after deoth.
23A. SIGNATURE Moores My	Attending Med. Staff 238, DATE SIGNED 12 -4 - 70
23 O PAYSICIAN'S NAME (Typel Dr. J. Duer Moores	3105 Belair Rd. Baltimore, Md.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OI CEM	METERY of CREMATORY 24D. LOCATION (City, town, at county) (State)
BURIAL Dec. 5 '70 Morelan	nd Memorial Park Baltimore, Md.
DEC 1 DEC 25A. DATE REGIO BY HEALTH DEPT. 25B. NAME OF REGISTRA	
/S 150-REV. 1/1/6B	



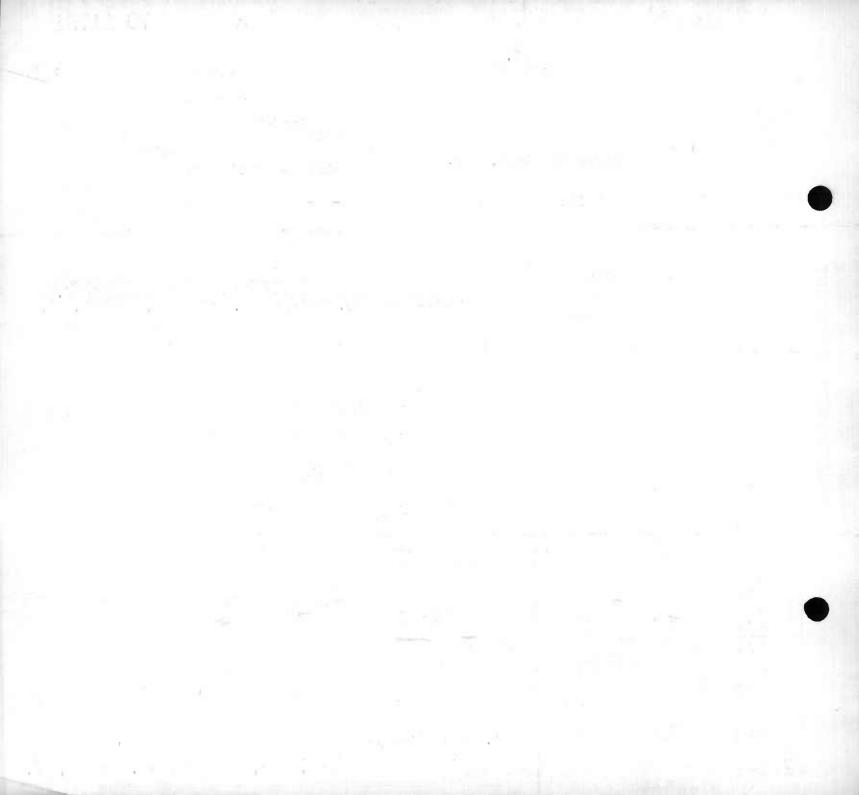
This certificate must be approved by the chief medical examiner or his assistant if death occurred in IMPORTANT FUNERAL DIRECTOR:

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature;: (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	4-536 70 11793 BALTIMORE CIT	Y HEALTH DEPARTMENT
B		ATE OF DEATH REG. NO. 70 11793
	ype or Print TATTIE P. HENDERSO,	2. DATE AND HOUR OF DEATH
1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4 USUAL RESIDENCE (Where deceased lived II institution: residence before admission)
Ш		A. STATE B. COUNTY
	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
4	MD. GENC HOSPIAL	Baltimore YES NO
	TU). GENC HOST CINC	516 E. 41 st. Street
5,	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years III Under 1 Yr., If Under 24 Hrs.
1	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11-7-1897 120 1
de	and doing most of working life, even it feliled)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
13	Practical Nurse	mc USA
	A Neels II -	14. MOTHER'S MAIDEN NAME
15	A. Neely Henderson Wos Decessed Eyer in U. S. Armed Forces? 16. SOCIAL	RARKENE Rachael Patterson
1	es, no or unknown) (it yes, give war or dates of servicel SECURITY NO.	Marvin Henderson 9902 Gunforge Rd.
1	118. A A A A A A A A A A A A A A A A A A A	
	DISEASE OR CONDITION DIRECTLY ANGREY	SCHEROTR HOAKS BETWEEN ONSET AND DEATH
	LEADING TO DEATH 1This does not mean the mode of dying, e.g., (A) IMMEDIATE CAL	
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	A CONSEQUENCE OF:
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	A CONSEQUENCE OF:
	UNDERLYING CONDITION lost, (C)	
z	II a se	
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
FIC	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? IYes or No. 208. IF YES, WERE FINDINGS CONSIDERED
CERTIFIC	21A ACCIDENT WAS INDESTRUCED	1 CERTIFFING CAUSES OF DEATH?
A	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or about 21C. WHERE DID (II In Ballimare City, give exact location)
U	21D-TIME (Month) (Day) (Year) (Hourd 21E IN ILLEY OCCUPATION	215 HOW DID IN HOR STATE
MEDI	IAPPROX.) While At Not While	21F. HOW DID INJURY OCCUR?
	22. I certify that (I) (this hospital) attended the deceased from	
	that (1) (we) last saw the deceased alive on	
	and hour and from the causes stated above. (1) (We) (did) (did not) vi	ew the body after death.
	23A. SIGNATURE	23B, DATE SIGNED
	23C PHYSICIANS Oragory Brille DEGREE Phys.	Adding Med. Shoff Phys. 50 12/3/70
	23C. PHYSICIAN'S NAME (Type) 2	3D. ADDRESS
24/	A SURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CRE	VANOR DE LA CONTRACTION DEL LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA
	22 4 3	(aloie)
25/	Burial 12/7/70 McKendree Cem.	Black Horse, Md.
D	ECY 1970 Valle & Radian R. Balling	Leonard J. Ruck Inc. Balto. MD.
VS	150-REV. 1/1/68	THE THE PART OF MID.



111-4	10 70	11794 BALTIM	ORE CITY HEALTH	DEPARTMENT	X	70 4	1794
BIRTH NO.		CER1	IFICATE C	F DEATH	REG. NO	70 1	1170年
	DECEASED	L.		2. DATE A	ND HOUR OF DEATH	н	
	E	mma Wallis			12-3-70	1	5:00PM
3. PLACE II	BALTIMORE MARYLAND,	WHERE PRONOUNCED DEAD	A. STAT	L RESIDENCE (WH	ere deceased lived, If	institution: tesido	ence before admission)
FULL NAM HOSPITAL O	E OF (IF NOT IN HOSP OR ADDRESS OR LO	MTAL OR INSTITUTION, GIVE S	TREET M	aryland	Baltimore	SIDE CITY LIMIT	200
3 1	1				lk D. III	YES T	No 🔼
37				altimore ET AND NUMBER		153	.40
	Mercy Ho	spital, Inc.		8167 Vove	narh Road		
5. SEX	6. RACE	7. MARRIED NEVER MA	RRIED 8. DATE	OF BIRTH	9. AGE (In yeare	tf Under 1	Ye , If Under 24 His.
Fema	Le White	WIDOWED Y DIVO	RCED 4	-14-09	last birthdoy)	Months Day	ys Hours Min.
done during m	lost of working life, even il relired	OF BUSINESS OR	INDUSTRY 11, BIRTH	IPLACE (Stole or for	reign country!	12. CITIZEN	OF WHAT COUNTRY?
House	wife		M	aryland		USA	
13. FATHER'	NAME			HER'S MAIDEN NA	AME		
Edv	vard Levhe	2		ary Zazic			
(Yes, no or uni	known (II yes, give wor or do	orcee? oles of eervicel 16. SOCIAL SECURITY 217-14-		(Dat	ughter) 816 P. Pilkert	7 Kavana	igh Rd.
18.	h G V		OF DEATH	wa diel The	1 . LITKAL		
1	ISEASE OR CONDITION D	DIRECTLY		+ 1	-111		PPROXIMATE INTERVAL VEEN ONSET AND DEATH
IThis d	oes not mean the mode o	d dving. e.g. (A)!MMI			as Filmlah	777	
heart fa	ilure, osthenio, etc. Il meon r complicotian which couse	s the disease.	TO, OR AS A CONSEC	UENCE OF:			
injuly 0	ANTECEDENT CAUSE				6,		
DISCA		(B)	ulmon	ary	tauna		
rise lo	ES OR CONDITIONS, if the above cause (A)	any, giving DUE	TO, OR AS A CONSE	1. 1			
	LYING CONDITION last.	(c)	Myscar	dial	Dans ag	-	
_	11		1	1			
TO THE DISEASE	GNIFICANT CONDITIONS CODEATH BUT NOT RELATED TO OR CONDITION GIVEN IN PA	THE TERMINAL	retast	atic (ea-		P 7 2 9 7 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Mou	E OF OPERATION 198 CO	NDITION FOR WHICH OPERAT	ION 0 20A.	UTOPSY? (Yes or N		FINDINGS CO	NSIDERED
1100	30/70	or hallable	Tain	No	IN CERIFFING CA	TOSES OF DEAT	IH?
TI LOK COM	CIDENT'WAS UNDERLYING TRIBUTING CAUSE OF notify medical examined	21 & PLACE OF INJ home, form, factory, etc.)	URY (e.g., in ar about etreet, office bldg.,	21 C. WHERE DID	(II tn Boltime	ore City, give exc	act focotion)
OF INJU	E (Month) (Doyl (Year	, -	RRED	21F. HOW DID IN	JURY OCCUR?		
OF INJU	RY	While At Work	Not While At Work				
22. I ce	rtify that 🐯 (this hospita	ol) ottended the deceased f	ram _// - 2	V1	19 70 to	Dec :	3 19 70
that 🖽	(we) lost saw the deceas	ed alive an 12-	319.		hot In 😭 (aur) op		ccurred on the date
		sted obove. (1) (#e) (did) (4	id net) view the l	ady after deoth.			
23A. SIGI	G. Hain	Mass 15	Attending	Med.	Staff Phys.	238-DATE SIG	GNED T / 7 M
23C.PHY	SICIAN'S -	ofosal of	Phys. 23D. ADD	Director L.J. ESS Ba		ryland	- 3/10
	6 U5/1 a	uo Hinoso	5a DEGREE	Unio	ofn	18. 1	4050
REMOV	CREMATION, 248, DATE	24C. NAME of CEMETE	RY of CREMATORY	24D. I		ily, town, or cou	
Buri	al 12/7/7	70 Mt. Carmel	Cemetery		Bal	timore, 1	Maryland
DEC T	EC'D BY HEALTH DEPT.	258 NAME OF REGISTRAR	25C, F	uneral director	7922 Wise	Ave. Du	ADDRESS indalk. Md.
/S 150-PEV	1/1/49	S James S A Made					,



258 NAME OF REGISTRAR

DEC7 1970 Count

VS 150-REV. 1/1/68

Such

and

11 2.11			BALTIMORE CITY	HEALTH DEPARTMENT		70 44Man
N-340 BIRTH NO.		1795	CERTIFICA	TE OF DEATH	REG. NO	70 11795
1. NAME OF DE (Type or Print)	Fannie Ne	o dlaman			and hour of death 2-2-1970	
3. PLACE IN BA	LTIMORE MARYLAND, W		UNCED DEAD	4. USUAL RESIDENCE (W		5:30 P. A
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	A. STATE B. COU MARYLAND	Ballo:	5300
INSTITUTION	ADDRESS OR EOC	KIIONI		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
/ T	-1 - Hobman Ho			Baltimore E. STREET AND NUMBER		YES X NO
Levina	ale Hebrew Ho	me		xBedxxedecex xac	4757 BYRON	
5. SEX	6. RACE WHITE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr., II Under 24 His Manths! Doys Hours Min.
Female	Caucasiack	WIDOWED		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	last birthday)	Manths Doys Hours Min.
OA, USUAL OCC	UPATION (Give kind of work			11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTE
HOUSEW		AT F	IOME	LITHUANIA		USA
3. FATHER'S NA ZELIG 1				BESSIE	AME ?	
5. Was Deceased	d Ever in U. S. Armed Far n)[(If yes, give war ar dote	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
NO		- u. edivice)	SECURITY NO.	MRS. MAE LEVI	TAS. 4757 BYR	ON RD. #21208
18.	0.91		CAUSE OF DEATH		,	APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEAT
47.0	LEADING TO DEATH		(A)IMMEDIATE CAU	seInferior wall	Mvocardial	2 weeks
heart failure,	nat mean the mode of asthenia, etc. It means application which caused	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	Infarction	
	ANTECEDENT CAUSES		Artorio	sclerotic hear	t dicasca	years
DISEASES	OR CONDITIONS, II	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	L disease	, caro
rise to th	e abave cause (A) G CONDITION jast,	stating the	(c)			
	II		(c)			
E ITO THE DEA	FICANT CONDITIONS COI TH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	HE TERMINAL	Urinary	tract infecti	on	
	OPERATION 198 CON WAS PERF	DITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes at 1	10) 208. IF YES, WERE FIN CERTIFYING CAL	FINDINGS CONSIDERED JSES OF DEATH?
. OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	21 B hom etc.	e, farm, factory, street, oil	or obout 21C. WHERE DID		c City, give exoct location)
OF INJURY	(Manth) (Day) (Yearl		INJURY OCCURRED Not While	21F. HOW DID IN	IJURY OCCUR?	
(APPROX.)		Wo	k 📙 At Work			
22. I certify	that (1) (this hospital	attended t	ne deceased from	lugust 24	_19 <u>64ta</u>	December 2 19 70
that (I) (we)	last saw the decease	d allve on_	December 2	19 <u>70</u> and 1	hat in (my) (our) apir	nian death occurred an the dat
and haur an	d from the causes stat	ed abave _e (i) (We) (did) (did not) vi	iew the bady after death	•	
23A, SIGNATU	The I. I.	2/1/	// / Allan	eding Med.	Shiff [7]	23B. DATE SIGNED
23C BUVELOU	Miloday	1/00	DEGREE Phys.	Director	Staff Phys.	12-3-1970
23C. PHYSICIA NAME (1		///		3D. ADDRESS	1 77	1 T - C1
44 8008141 65	Theodore R.				brew Home an	
	MATION, 248, DATE Specify)	1	ME of CEMETERY OF CRE			y, town, or caunly! (State)
BURIAL	12-3-70	POS	VOHLER FRIENDL	Y SOCIETY BA	LTIMORE, MARY	'LAND

CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) FRIENDLY SOCIETY BALTIMORE, MARYLAND SOL LEVINSON & BROS., 6010 REISTERSTOWN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

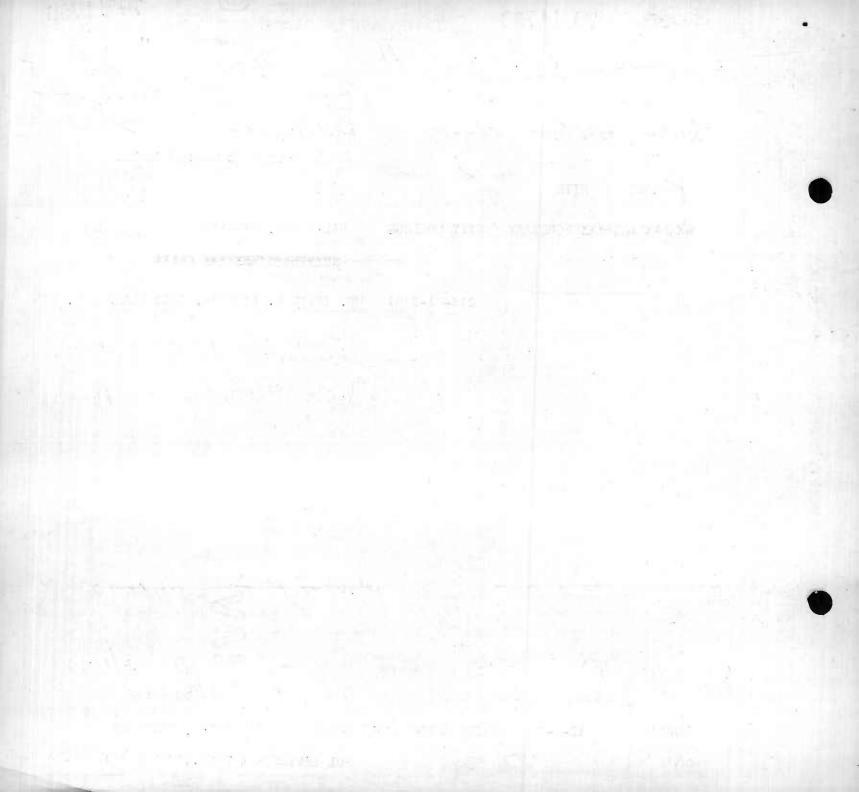
APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

USA

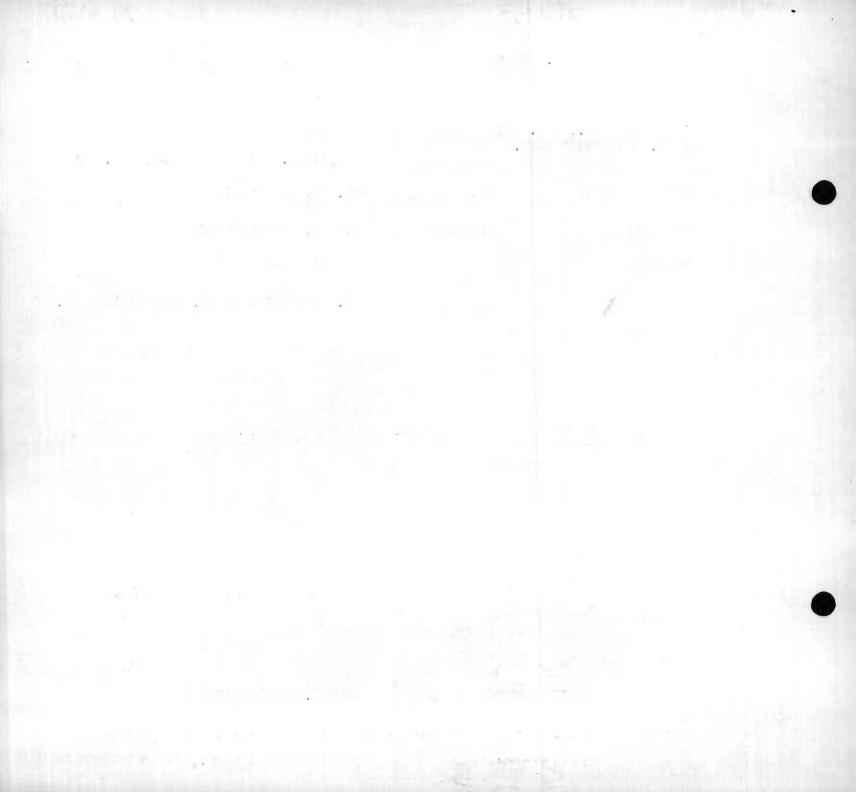
ADDRESS

If Under 24 Hrs.



FUNERAL DIRECTOR:

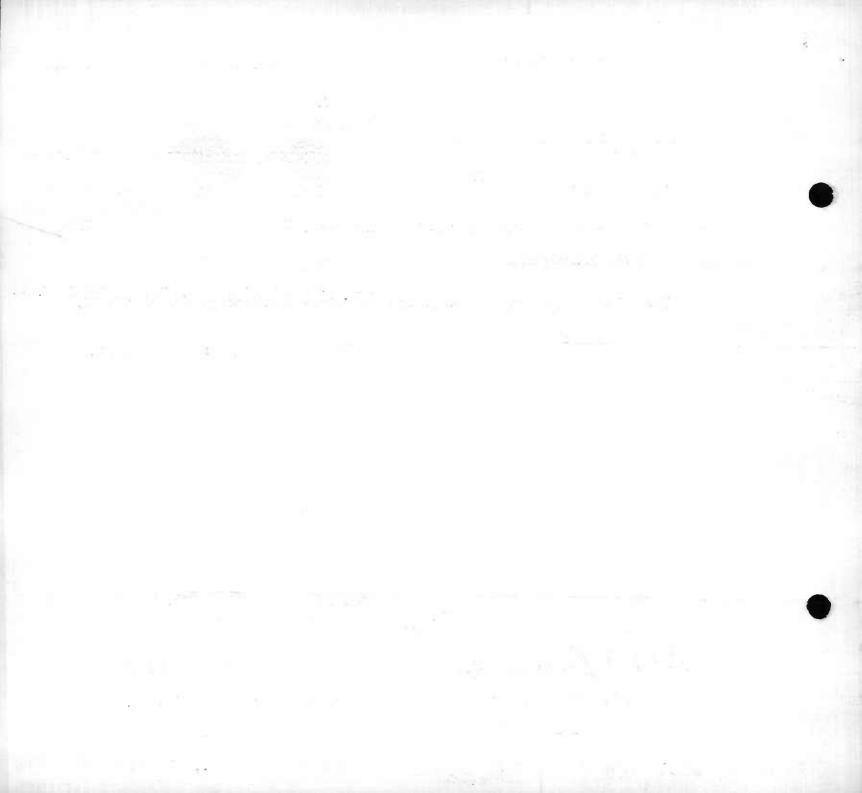
, 1		MO 4	A Maria	BALTIMORE CITY	HEALTH DEPARTMENT		mo 4	4770	7
U	-526	70 1	1797	CERTIFICA	TE OF DEATH	REG. NO	70 1	179	5
1. NAA	NO. ME OF DECE	ASED			2. DATE A	ND HOUR OF DEATH			
	or Print)	LOUISE D.	UNGER			MBER 2, 1970		9	A. M.
3. PL/	CE IN BALT	IMORE MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceosed lived, If ins	titution: residence	e before ad	mission)
HOSP	NAME OF	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	MARY LAND	D. INSI	DE CITY LIMITS?	0	
B	ROADVI	EW APTS., APT			BALTIMORE E. STREET AND NUMBER		YES	NO 🗌	
(1	10 M.	UNIVERSIII PA	WI.			IVERSITY PKW	Y. APT. S	909	
S. SEX		6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years tost birthday)	If Under 1 Yr. Months: Doys	. If Under	24 Hrs. Min.
F	EMALE	WHITE	WIDOWED	DIVORCED _	OCT. 25, 1895	75			
		PATION (Give kind of work rorking life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for	eign country)	12, CITIZEN OF	WHAT CO	DUNTRY?
	HOUSEW	IFE	AT	HOME	BOSTON, MASSA		USA		
	AX DEAL			1 (ANNA MEYERS		4555	FEC	
		Ever in U. S. Armed For (If yes, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDR	E35	
N	0		12.3		MRS. EUGENE FE	INBLATT, 582	O PIMLICO	D RD.	#9
18	-735	F. # 1		CAUSE OF DEATH	1	Maria Land		OXIMATE INT	
D	ISEASES O	plication which coused NTECEDENT CAUSES R CONDITIONS, it abave couse (A) CONDITION tast.	ony, giving	(B) DUE TO, OR AS	a consequence of:	sus.	4	yes	a
ATI	THE DEATH	II CANT CONDITIONS CO H BUT NOT RELATED TO TO DODITION GIVEN IN PAR OPERATION 198. CON	HE TERMINAL T 1 (A).	They	(20A. AUTOPSY? (Yes or N	IAN IF WES MIEBE F	1	jes	
RTIFIC	A. DATE OF	WAS PERI		HICH OPERATION	ZUA. AUTOPSY? (Tes of N	IN CERTIFYING CAL			
U 21	R CONTRIBU	TING CAUSE OF medical examiner)			or obout 21 C. WHERE DID	(If In Boltimore	City, give exocl	locotion)	
AED O	D. TIME F INJURY (PPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED Port While At Work	21F. HOW DID IN	JURY OCCUR?			
22	2. 1 certify	that (1) (this hospital	rattended th	4 4	£ 3 14	1969 to O	Ct 6	19_	10
		lost saw the decease		006	,	hot in(my) (gur) apir	Ion death occ	urred on t	the dote
			red obove. (I)	(Workeline) (did not) v	iew the body ofter death.				-
23	A. SIGNATU		· A	A	nding Med.	S1-41	23B, DATE SIGN	1	1
		1 m	no	DEGREE Phys	Director L	Staff Phys.	Dec	3/	40
23	NAME (T)	(ne)	E DOMOGIV		23D. ADDRESS	DE CEDEFE		/	
		EDWIN E	BERSTOCK	UAD DEGREE	3500 N. CALVE	RT STREET			
24A. E	BURIAL CREM	AATION, 24B. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24D.	LOCATION (Cit	y, town, or count	ty)	(Stote)
_	URIAL	12-3-70	OHE	B SHALOM MEMO	RIAL PARK	REISTERSTOWN	. MARYI.AN	ND	
25A. [DATE REC'D	BY HEALTH DEPT.	258. NAME O		25C, FUNERAL DIRECTO	TR .	AD	DRESS	DOAD
DE	C7 4	M RALES	The state of	208	SOL LEVINSON	4 RKO2.,6010	REISTER	S I UWN	KUAD
VS 150	0-REV. 1/1/6	8	-	132					



RGB

T = oil		BALTIMORE CITY	HEALTH DEPARTMENT		70 1175
BIRTH NO.	70 1179	R CERTIFICA	TE OF DEATH	REG. NO	70 11798
1. NAME OF DECEASED	Dieles Ted - :-			AND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MA	Finkelstei			ec. 1, 1970	institution: residence before admission
or reace in pacinose, my	KILAND, WHERE PR	DROUNCED BEAD	A. STATE B. CO	DUNTY	institution: residence before odmission)
FULL NAME OF (IF NO HOSPITAL OR ADDRE	IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	Md.	(2/30
			C.CITY OR TOWN Baltimore	D. IN	SIDE CITY LIMITS?
US Public Heal	th Service I	Hospital	E. STREET AND NUMBE	R	YES NO
3100 WJ	man Parkwaj	y	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	2 DAMASCUS COURT #9
5. SEX 6. RACE	7- MARI	RIED XNEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yt. If Under 24 Hrs. Months! Doys Hours Min.
		WED DIVORCED	3/28/18		Min.
10A. USUAL OCCUPATION Give	ren if retired)			foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, ex Manager of sto	ore HAF	RDWARE STORE	NEW YORK, NY		USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Nathan I	Finkelstein		Ida ?		
5. Was Deceased Ever In U. S Yos, no ar unknown) (If yes, give	Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	TMVELCTEIN	2872 DAMASCIIS CT #
Yes USA	1941-1945	086-03-2855	MKS ROX DEXXXXX	KKXXQXXXXXX	2832 DAMASCUS CT. # \$XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
18. 1929		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
DISEASE OR CON				.=	BETWEEN ONSET AND DEATH
LEADING 1		(A)IMMEDIATE CAL		tal glioma	L yr.
heart failure, asthenia, et injury or complication wh	c. It means the dise	ose, DUE TO, OR AS	A CONSEQUENCE OF:		
ANTECEDEN					
DISEASES OR CONDIT		(B)	A CONSEQUENCE OF:		***************************************
rise to the above of	ause (A) staling	the	A GONDEQUENCE OI.		
UNDERLYING CONDITION	ON last.	(c)			
OTHER SIGNIFICANT COND	TIONS CONTRIBUTE	10			
TO THE DEATH BUT NOT R DISEASE OR CONDITION G	ELATED TO THE TERMIN	IAL			*******************************
19A-DATE OF OPERATION 21A-ACCIDENT WAS UNI	198 CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208 IF YES, WERE	FINDINGS CONSIDERED
			No	IN CERTIFIING CA	AUSES OF DEATH?
OP CONTRIBUTING TICAL	DERLYING	21 B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DIE	(If In Boltimo	re City, give exact location)
DEATH (notify medical exa	mined	etc.)			
OF INJURY (Month) (E	Pay) (Youl (Hous)	21E INJURY OCCURRED		INJURY OCCUR?	
(APPROX.)		While At Not While Work At Work	• 🗆		
22. I certify that (1) (th	is hospital) attende	ed the deceased fram	Aug. 30	19 70 to Dec	1970
that (/) (we) last saw th	ne deceased alive	on Dec 1	19 70 and	that In(my) (aur) ap	inian death accurred an the date
and have and from the a	auses stated abov	e. (1) (We) (did) (d/d/16)	lew the bady after deat	th.	
23A. SIGNATURE	0				23B, DATE SIGNED
Koket D.	Denjamin	DEGREE Phy	nding Med. Director	Staff X	12/2/70
23C. PHYSICIAN'S NAME (Type)	//	1 2	23D. ADDRESS		
Robert S.	Berijamin, S	urg (R)	US PHS Ho	spital, Balt	o, Md.
24A. BURIAL CREMATION, 24		C.NAME of CEMETERY OF CRI	MATORY 24D		City, town, or county! (State)

BALTIMORE, MARYLAND BY HEALTH DEPT. SOL LEVINSON & BROS., 6010 REISTERSTOWN 1071 VS 150-REV. 1/1/68

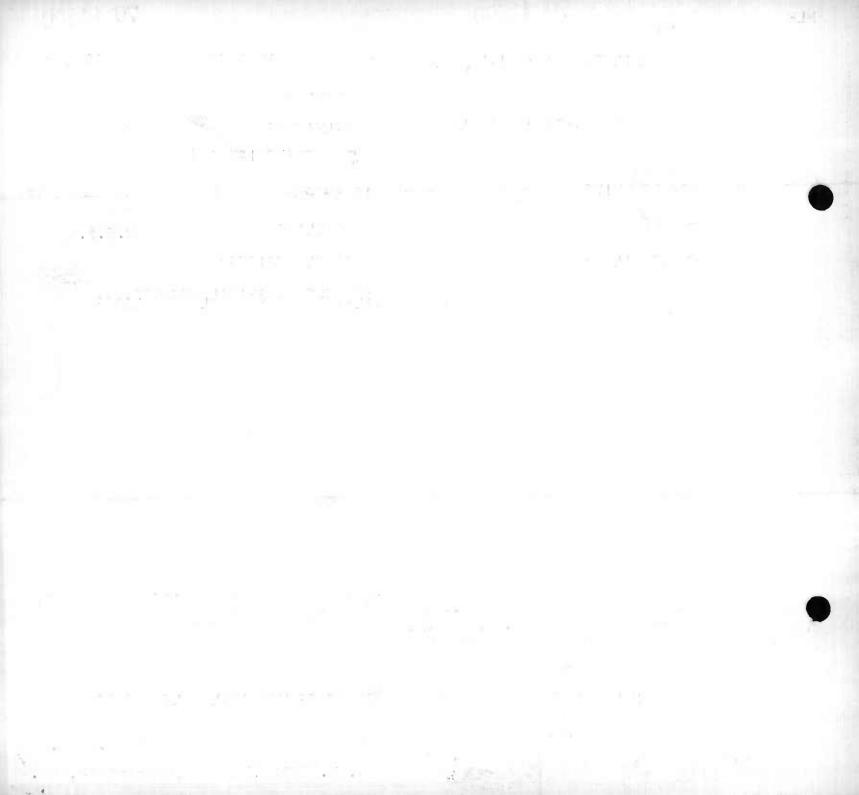


FUNERAL DIRECTOR:

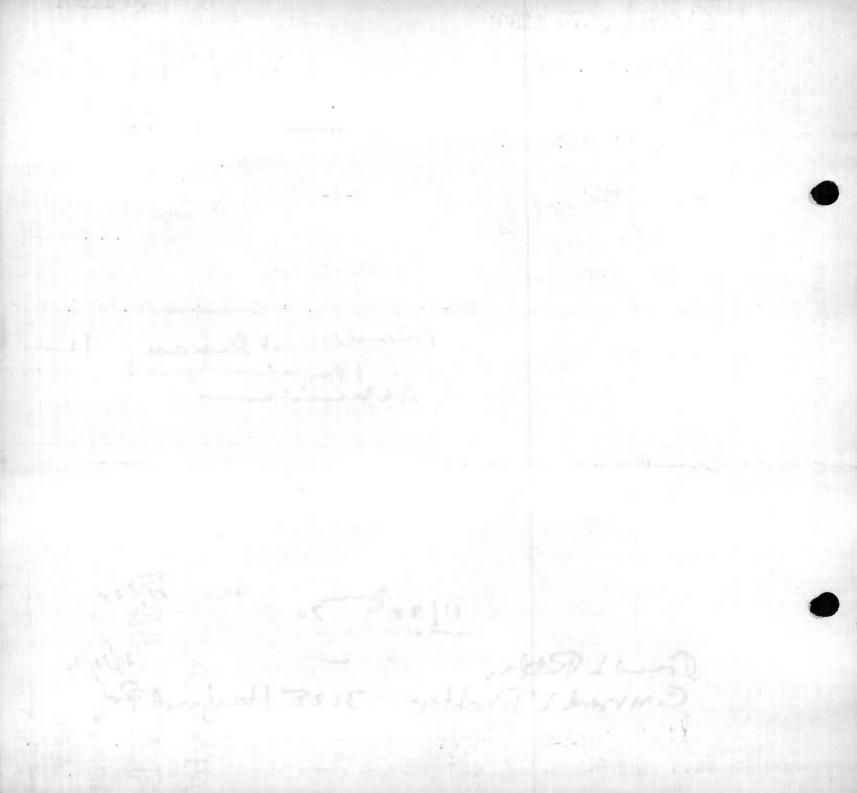
		5-25		1 1200	BALTIMORE CITY	HEALTH DEPARTMENT		70 11799
	BIR	TH NO.	70	11798	CERTIFICA	TE OF DEATH	REG. NO.	10 11100
	1. N	NAME OF DECEASE	DUNC	AN C	hester Ar		NO HOUR OF DEATH	Q 00 A
	3.	PLACE IN BALTIMO	RE MARYLAND, W	-		1 , , , , , ,	ere deceased lived. Il in	stitution: residence belare admission)
	FU HC IN	LL NAME OF OSMITAL OR	ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	C, CITY OR TOWN	faut total	DE CITY LIMITS?
4	4	Mison	Memon	el Ho	spitel	E. STREET AND NUMBER		YES NO .
90	5. S	SEX 6. RA	CF -	7		3838 Roland		
is mad		M	W	WIDOWED	NEVER MARRIED DIVORCED DIVORCED	04/14/82	9. AGE (In years lost birthday)	Months Days Hours Min.
	don	referre	a fife, even if refired)	Pharm		11. BIRTHPLACE (Stote or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
disposition	13.	FATHER'S NAME	Z James I	uncan		14. MOTHER'S MAIDEN NA	ME Sara Spenc	:⊕
בושמו מ	(Tes	Was Deceased Ever	in U. S. Armed Forces, give wor or doles		6. SOCIAL SECURITY NO. 1462-01-3999	HAITET, LE C	suple 1001	Andowe-Rd
10		18.24.31.	Õ I		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Ball			CONDITION DIR	ECTLY	/A\IMMEDIATE CAU	Cerebrel	bleeding	12/1/70
L Da		(This does not me heart foilure, asthe	nia, etc. It means	the disease,		A CONSEQUENCE OF:	J	
		injury or complical	CEDENT CAUSES	deam.j	HZ	ner tousion	?	Mrs 7
2 2		DISEASES OR Co	ONDITIONS, if o	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	**************************	
2		UNDERLYING CO	NDITION last.		(c)			***************************************
SUBBLIE	ATION	OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDIT	NOT RELATED TO TH	E TERMINAL	1555555666666			
Detore the	RTIFIC	19A. DATE OF OPER	ATION 198. CONE	TON FOR W	HICH OPERATION	Opposed	208. IF YES, WERE F	INDINGS CONSIDERED
Deto	0	21A. ACCIDENT WAR CONTRIBUTING DEATH (notify medic	LCAUSE OF	21 B, P home, etc.)	LACE OF INJURY (e.g., in form, foctory, street, off	or about 21C. WHERE DID	(If in Baltimore	City, give exect location)
		21 D. TIME (Mon OF INJURY (APPROX.)	th) (Doy) (Year)	While	NJURY OCCURRED Not While	21F. HOW DID INJ	URY OCCUR?	
Brao		22. I certify that	(1) (this hospital)	attended the	At Work	12/11	19 <u>70</u> to	2/2 1970
90		that (1) (we) last		^	12/1	19 70 and th		nian death accurred on the date
ls.		and hour and fram 23A. SIGNATURE	the causes state	d abave (1)	(We) (dld) (dld nat) vi	ew the body after death.		238, DATE SIGNED
			Cherles	Tazel	Le Mariante Phys.	ding Med.	Staff Phys	12/2/70
approva		NAME (Typel	FA2E	-KAS	MB	3D. ADDRESS	Merun	bl Horp.
		BURIAL CREMATIC	N. 248. DATE		ME of CEMETERY of CRE			y, town, or county) (Stotel
Internation		Burial	12/12/	70 Loud	lon Park Cer	metery Be	altimore,	Md.
3		DECY T	venera de la	E Jak		A. Alan Se	ltz Jr	3818 Roland Ave.
	VS 1	150-REV. 1/1/68						

and the state of t X- -- -- -- -- -- -- -- -- Xlegation and a second

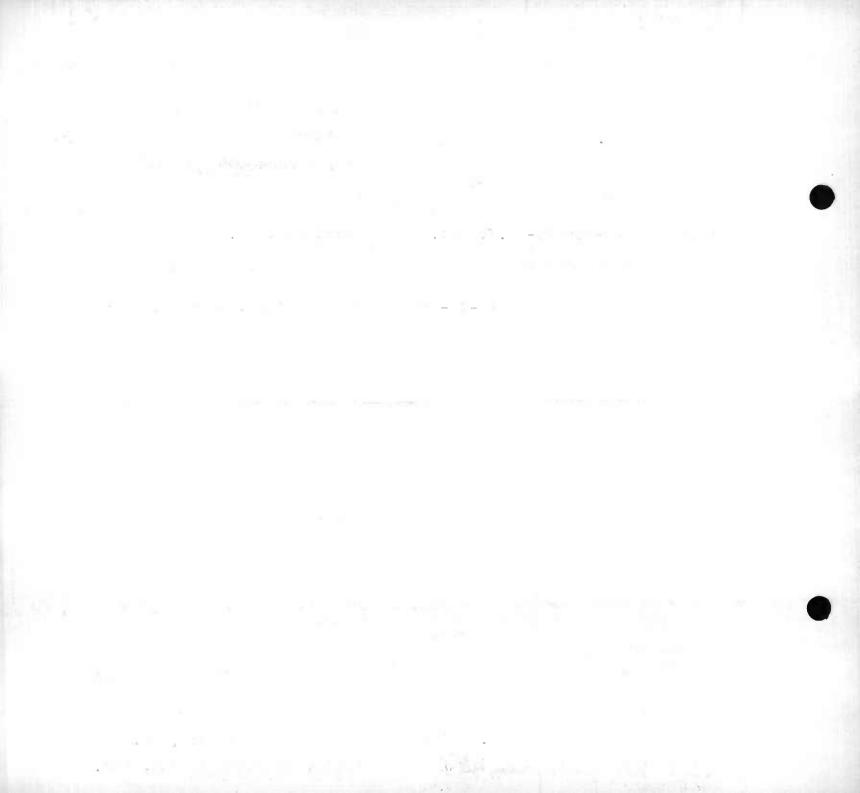
VS 150-REV. 1/1/68



0.	1910	11000	BALTIMORE CITY	HEALTH DEPARTMENT		W TIOUI
(-600) /0 :	11801	CERTIFICA	TE OF DEATH	REG. NO	
NAME OF DE	CEASED			2. DATE	AND HOUR OF DEAT	H 6
Type or Print)	Nannie M. Cari	r		111	28/70	Y P N
3. PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WI A. STATE B. COL	here deceased lived. If JNTY	institution: residence before odmission)
FULL NAME OF	F (IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Md		2735
HOSPITAL OR	ADDRESS OR LOC	A IION)		C. CITY OR TOWN	D. 1N	ISIDE CITY LIMITS?
00	3026 Chesley	r Ave.		Baltimore E. STREET AND NUMBER		YES NO NO
	Joze onegrej	21108		3026 Chesley	- Arro	
SEX	6. RACE	7- MARRIED	NEVER MARRIED	8, DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
emale	White	WIDOWED		9-12-1886	lost birthdoy)	Months Doys Hours Min.
A. USUAL OC	CUPATION (Give kind of world) of working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	<u> </u>	12. CITIZEN OF WHAT COUNTRY
		Homo		Manueland		TT C A
HOUSE FATHER'S N	AME	Home		Maryland 14. MOTHER'S MAIDEN N	AME	U.S.A.
D 1	1 0- 1			7.17 - 7 - 7		
. Was Deceose	d Carter	rces?	1 6. SOCIAL	Tily Ford		ADDRESS
es, no of unknow	vn) (If yes, give wor or dote	es of service)	SECURITY NO.		222/ == =	
18.	1091		205-12-3875 CAUSE OF DEATH	Doris V. Carr	3026 Chesle	APPROXIMATE INTERVAL
DISE	ASE OR CONDITION DI	RECTLY	n-la	-0101	~	BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU	SF SE Leart	Debsea	se day
	not mean the mode of a, asthenia, etc. It means		DUE TO, OR AS	CONSEQUENCE OF:	001	
	implication which coused			(profes	ma far	· ·
	ANTECEDENT CAUSES		(B) A	Jenne	~	
	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:	~	
	he obove couse (A) NG CONDITION lost.	sloling the	(c)			
	IFICANT CONDITIONS CO					
	ATH 8UT NOT RELATED TO T CONDITION GIVEN IN PAR	RT 1 (A).				
19A. DATE C	OF OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or		E FINDINGS CONSIDERED CAUSES OF DEATH?
21 A. ACCID	ENT WAS UNDERLYING	7 218	PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Baltim	nore City, give exact location)
OR CONTRI	ENT WAS UNDERLYING DUTING CAUSE OF	hom etc.)		n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	in in some	sally give savet loculion;
	(Month) (Doy) (Year)		INJURY OCCURRED	21F, HOW DID II	NILLEY OCCUP?	
21 D. TIME OF INJURY (APPROX.)		Whi	ile At Not While		JORI OCCUR:	
		Wo	rk		0.0	1115
22, I certif	y that (I) (this haspita	l) attended t	he deceased fram		1995 ta	11/22 1976
that (I) (we	e) last saw the decease	ed alive an	11/38	19 2 and	that in(my) (aur) o	pinian death accurred on the dat
		ted abave. (I) (We) (dtd) (did nat) v	iew the bady after death	1.	
23A, SIGNAT	TURE			- 11	s. " —	23B. DATE SIGNED
Von	well I low	Der.	OEGREE Phys	nding Med. Director	Staff Phys.	11/50/76
25C. PHYSICI	IAN'S (Type)		\ \	23D. ADDRESS	1	101
C 03	nrad 1	15	chter DEGREE	3128	tanton	de
4A. BURIAL CE	REMATION, 248. DATE	24C. N/	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION	(City, town, or county) (State)
Burial	12-1-70	Mon	eland Memoria	l Park Pa	rkville	Balto. Md.
5A. DATE REC	D BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECT	OB .	ADDRESS
JEU7	1979 Robert E.	Jacken &	ka a	Lassahn Fune	eral Home 7)	01 Relair Rd. 21236
/S 150 PEV 1/1	/60	1	Maria C.			



DALTHAODE CO	PV DEALTH DEBARTHER IN
0.4%0 /U 11802 CERTIFIC	ATE OF DEATH × REG. NO. 70 11802
BIRTH NO. 1. NAME OF DECEASED	
(Type, or Print) MADELINE. J. SLUSS	DEC 3, 970 1250 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
FULL NAME OF UF NOT IN HOSPITAL OF INSTITUTION CAVE STREET	A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	BALTO YES NO SE
MONTOBELLO STATE HOSPITAL	E. STREET AND NUMBER
7/	17810 BIRHING-HAM AVENUE
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. 11 Under 24 Hrs. II Under 24 Hrs. Months; Doys Hours Min.
→ WiDowed Divorced Divor	18 JULY 1927 42
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI done during most of warking life, even if retired)	Y 11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY
Receptionist-Bendix- U.S.Govt.	Baltimore, Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Erich Wedeman	Edith Shelton
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown Uf yes, give war or dates of service SECURITY NO.	17- INFORMANT ADDRESS
SECURITY NO. 216-24-8724	Richard Sluss, husband, above
18. 5 7 / O I CAUSE OF DEA	TH APPROXIMATE INTERVAL
Distance of Contraction and Contraction	BETWEEN ONSET AND DEATH
/ANIMAPDIA IP C.A	neces Cerrhosie 3 years
heart failure, asthenia, etc. if means the disease.	S A CONSEQUENCE OF:
injury or complication which caused death.)	
ANTECEDENT CAUSES	S A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A rise to the above cause (A) stating the	S A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C).	***************************************
_ 11 -	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
▼ DISEASE OR CONDITION GIVEN IN PART I (A).	
19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A ACCIDENT WAS UNDERLYING 121R PLACE OF INTURY (C.C.	460.
The state of the s	in or about 21 C. WHERE DID (If In Baltimore City, give exact location) office bidg., INJURY OCCUR?
S OF INJURY	21F. HOW DID INJURY OCCUR?
(APPROX.I	
22. I certify that (1) (this hospital) attended the deceased fram	Mar 30 19 70 10 100 2 19 70
that (f) (we) last saw the deceased alive on Ree 2	19.70 and that in (my) (our) opinion death occurred on the date
and hour and from the causes stated above. (1) (Wa) (did) (did nat)	view the bady after death.
23A. SIGNATURE	23B, DATE SIGNED
Consell & totalely mad some Ph	rending Med. Staff Phys. Phys. 2 180 1970
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
ROMAIN S. POTOTSKU U.D.	HONTOBELLO STATE HOSP BASTO HO
AA. BURIAL CREMATION, 1248, DATE 124C, NAME of CEMETERY OF CE	REMATORY 24D. LOCATION (City, town, or county) (Stotel
Burial 12/4/70 Mt. Olivet Ce	
SA. DATE REC'D BY HEALTH DEPT. 250 NAME OF REGISTRAR	
DEC7 1970 Pasas & Jaisen Mas	Schimunek Funeral Home, Inc. 3331 Brehms Lane
S 150-REV- 1/1/6R	1 2221 DIEHMS POHE



1	1	λ				BALTIMORE CI	TY HEALT	H DEPARTMEN	NT			þen	חל	118	200
	1-55 C)	70 1	180	3	CERTIFIC	ATE (REG. I			-	TIC	303
(Тур	AME OF DEC e or Print)	BA	RBARA							30, 19		1	6:	:30	p. ,
3. P	LACE IN BAL	TIMORE, MAI	YLAND, W	HERE PRO	ONOUN	CED DEAD	4. USL	JAL RESIDENCE	COUN	re deceased liv	ed. If in:	stitution: n	esidenc	e before	admission
FUL HO INS	L NAME OF SPITAL OR TITUTION	(IF NOT ADDRES	IN HOSPITA S OR LOCA	AL OR IN	STITUT	ION, GIVE STREET		Md. 21 ORTOWN Baltim	L21.	3	D. INSII	DE CITY L	IMITS?	3,	
4	/4/ Un	ion Me	moria	1 H	osp:	ital	E. STR	EET AND NUME	BER	sterfi	eld	Aven	ue	NO [<u> </u>
5. \$1	EX	6. RACE		7. MARE	RIED	NEVER MARRIED	8. DAT	OF BIRTH		9. AGE (in year		If Under		. If Un	der 24 Hrs
f	emale	whi	te	WIDO			1 2/	20/84		losi birthdoyl		Months	Doys	Hours	Min.
10A.	USUAL OCCI	PATION (Give	kind of work	IOB, KINI	D OF B	USINESS OR INDUST			or forei	gn country)		12. CITI	ZEN OI	E WHAT	COUNTR
		ewife	n if refired)		a	t home		Baltimo	ore	, Md.					
13. F	ATHER'S NAM	-					14. MC	THER'S MAIDE	N NA	ME					
		August						unkno	own						
S. V	Vas Deceased ,no or unknown)	Ever in U. S. (II yes, give	Armed Force	es? of servi	ice)	6. SOCIAL SECURITY NO.		DRMANT					ADDR	LESS	
					218	-46-2066T	Mrs	. Ellen	n Cl	hapin,	dgh	t.,	abo	ove	
]1	18. 4/	0.91				CAUSE OF DEA	TH								INTERVAL
		E OR COND LEADING TO		ECTLY			1		4	· 10	1	4		Lo	1
	(This does no	ol mean the	mode of	dvina.	е п.	(A) IMMEDIATE C		Moca	al	in p	far	tron.		12	hus
	heart lailure.	aslhenio, elc.	li meons	the dise	ase,	DUE TO, OR A	S A CONSI	QUENCE OF:			/				
	injury or com			deom'i		1	1.			۸)	ΛΛ			~	
- 1		NTECEDENT				(B)	lea	worke	w	fic has	uld	uns	9	$\mathcal{L}_{\mathcal{L}}$	n
	DISEASE\$ O	R CONDITION	ONS, if a use (A)	ny, gir slolina	ving The	DUE TO, OR	AS A CONS	EQUENCE OF:		4	0			(.]
	UNDERLYING	CONDITION	lost.			(c) / Jan	sac	legent	an	lant?	ula	in			
_		- 11		•				- 9				-			
စ်	OTHER SIGNIFI	CANT CONDIT	IONS CON	TRIBUTI	NG										
Į.	DISEASE OR CO	NOTION GIV	EN IN PART	1 (A).		***************************************							•••••••		
R	0		WAS PERFO	ORMED	OR WH	ICH OPERATION	20A.	AUTOPSY? (Yes	or No	IN CERTIFYING	WERE FI	INDINGS ISES OF I	CONS	IDERED	
CAL	PIA. ACCIDEN OR CONTRIBU DEATH (notify	TING CAU	EOF		21 B. PL home, etc.)	ACE OF INJURY (e.g. form, foctory, street,	in or about	21C. WHERE D	DID UR?	(if in t	Boltimore	City, give	e exoct	locotion)	
MEDI	DE TIME	(Month) (Do	y) (Yeor)	(Houd)	21E IN	JURY OCCURRED		21F. HOW DIE	JENI D	URY OCCUR?					
2	APPROX.)				While Work	At Wor At Wor	ile 🗆								
2	2. 1 certify	that (1) (this	hospital)	attende			<u> </u>	1	1	0 6) 40	71/	1	7	4	970
	hat (I) (we)					Nov- 36		70 or	***************************************	ot In (my) (or	ır) opln	lon deat	h occi	urred or	n the dat
c	and hour and	from the ca	uses state	d abav	e. (1) (We) (did) (did not)	view the	body after de	ath.						
2	3A. SIGNATUI	RE	1. /	0	NA							23B. DAT	E SIGN	ED /	
	1/100	red) 0	an	D		tending	Med.		Staff Phys.		1	2/	/,/-	70
2	NAME (Ty	4'S				DEGREE	23D. ADI						_/	-/-	
	· · · · · · · · · · · · · · · · · · ·	Dr.	Conra	d R	ich'			31	128	Harfor	rd R	oad			
24A.	BURIAL CREA	ATION, 248.	DATE	240	C. NAM	E of CEMETERY OF C	REMATOR	24	4D. LO	CATION	(City	, town, o	r count	vi	(Stole)
	Burial	pecify)	2/4/7			Cathedra				Baltin					, 5.5161
25A.	DATE REC'D	BY HEALTH D		-	-	REGISTRAR	25C.	FUNERAL DIRECTION	CTOR					DRESS	
	EG7 1	9/11 12	32. B E	Ball.	en A	2	3	3331	Br	ehms L	ane	me,	Tuc	-	
					_										

16" "SE-NY - His Ruisin

25C. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.

3331 Brehms Lane

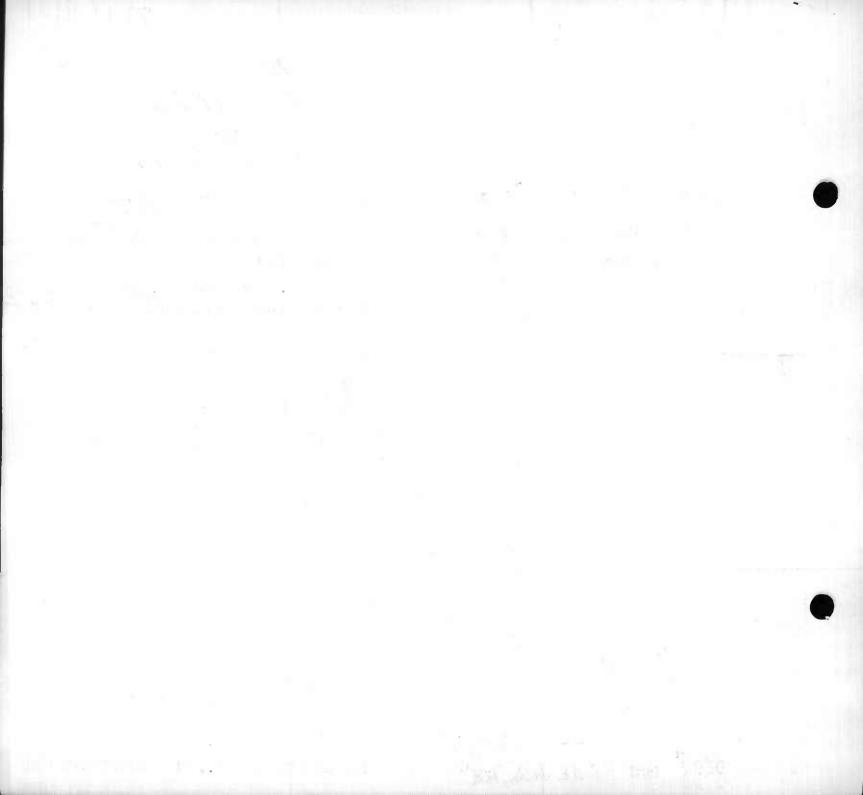
Burial

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEBT

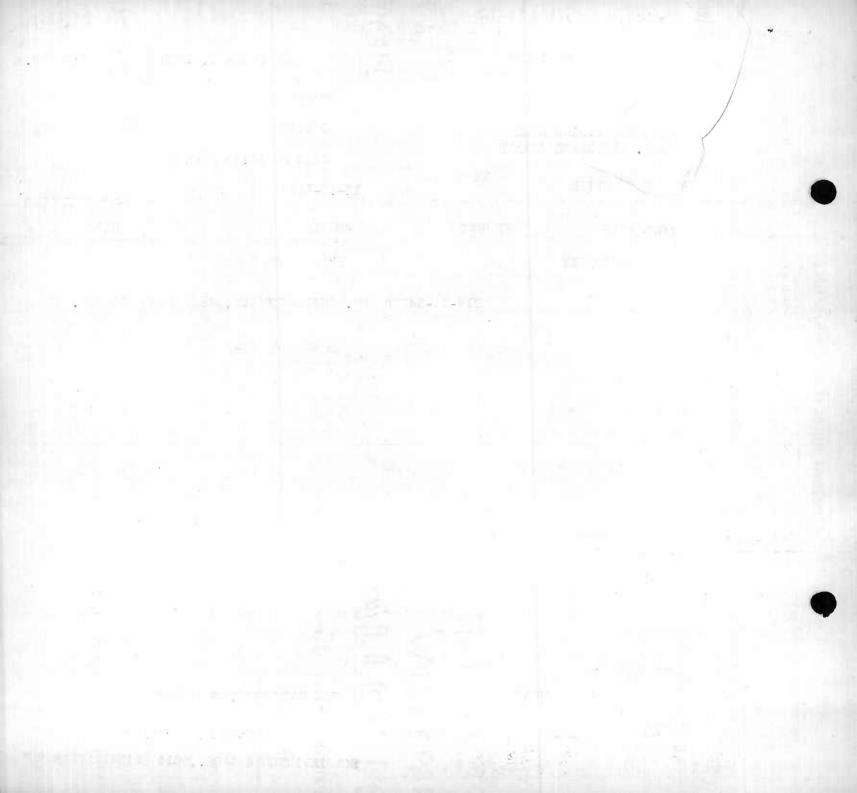
3-12-71 M.H. Letter from M.E.'s office 3/15/71 - Operation not started Died eolen aneathetic was given Enformation from Dr. Mchalakis, Mel Cjem.

VS 150-REV. 1/1/6B

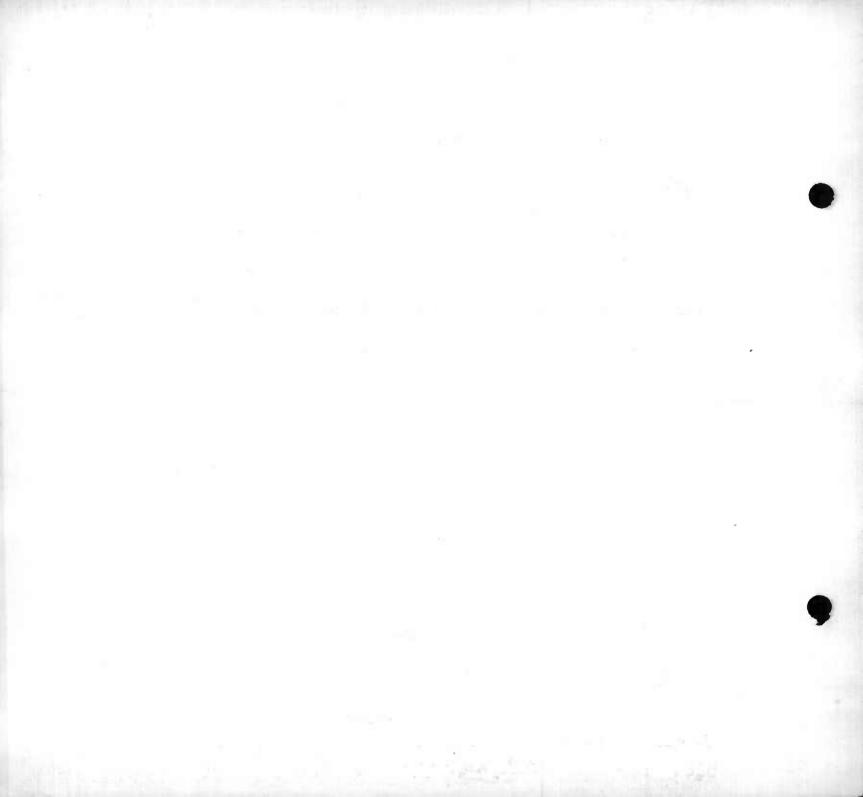


FUNERAL DIRECTOR: IMPORTANT

BIRT											
	AME OF DECEASED e or Print)	ROSE F	FOGEL				MBER 2,			1:20	Р.
3. P	LACE IN BALTIMORE	MARYLAND, W	HERE PRONC	OUNCED DEAD	4. USUAL	RESIDENCE (Whe			titution: resid	ence before	dmissio
FUL HO: INS	TITUTION			TUTION, GIVE STREET	C. CITY OR	MARYLAND			DE CITY LIMIT	191	7
7	BELVEDERE N					AND NUMBER			AES IV	140	
(2525 W. BEI	LVEDERE A	VENUE			1824 CORDI	ELTA AVE	ENUE			
5. SI	EX 6. RACE	E	7- MARRIED	XX NEVER MARRIED	B. DATE OF	BIRTH	9. AGE (In ve		If Under 1 Months Do	Yr. If Und	r 24 H
	FEMALE V	WHITE	WIDOWED		12-12	2-1889	lost birthday		Wonins Do	ys Hours	Min.
				F BUSINESS OR INDUSTRY	11. BIRTHPL	A CE (State or fore			12. CITIZEN	OF WHAT	OUNT
lone	during most of working lift HOUSEWIFI		AT	HOME	RUSS	SIA			US	SA	
3. F	FATHER'S NAME					R'S MAIDEN NA	ME				
	DAVID HA	RANSKY			EVA	?					
S. V Yes,	Nas Deceased Ever in , no or unknown) (If yes,	U. S. Armed For give wor or dote	ces? es of service)	16. SOCIAL SECURITY NO.	17. INFORM	ANT			AD	DDRESS	
	NO			214-24-5477B	MR. CI	IARLES FOO	GEL. 482	24 CO	RDELTA	AVE. #	15
	LEADIN (This does not mean heart failure, asthenia		dying, e.g.	(A) IMMEDIATE CAU	JSE (~~	INCE OF: WYON	mijeres	udr	1 0	and	
DICAL CERTIFICATION	ANTECE DISEASES OR CONTISE to the above UNDERLYING CONTINE OTHER SIGNIFICANT C TO THE DEATH BUT N DISEASE OR CONDITION 19A. DATE OF OPERAT 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	m which caused EDENT CAUSES NDITIONS, if e cause (A) DITION last. I CONDITIONS CO TOTRELATED TO TO NO MAS PERI TION 19B CON WAS PERI TOTRELATED TO TOTRELATED TO TOTRE	death.) any, giving stating the NTRIBUTING HE TERMINAL IT I (A). DITTION FOR MED (Hour) 21	(B) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., imper, form, foctory, street, or injury occurred)	A S C C A CONSEQU 20A. AU n or obout 21 ffice bldg., IN	JENCE OF: TOPSY? (Yes or No	208, IF YES, IN CERTIFYI	, WERE FI NG CAU Baltimore	G		
MEDICAL CERTIFICATION	ANTECE DISEASES OR COM rise to the above UNDERLYING COND OTHER SIGNIFICANT C TO THE DEATH BUT N DISEASE OR CONDITIO 194. DATE OF OPERAT 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	m which caused EDENT CAUSES NDITIONS, if e cause (A) DITION last. I CONDITIONS CO TOT RELATED TO TI ON GIVEN IN PAR TION 19B. CON WAS PERI UNDERLYING CAUSE OF exominer)	any, giving slating the state of the state o	(B) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., imper, form, foctory, street, or colory, s	A S C C A CONSEQU 20A. AU n or obout 21 ffice bldg., IN	TOPSY? (Yes or No	208, IF YES, IN CERTIFYI	, WERE FING CAU	INDINGS CO ISES OF DEA	NSIDERED TH?	
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MEDICAL CERTIFICATION	ANTECE DISEASES OR COM rise to the above UNDERLYING CONE OTHER SIGNIFICANT C TO THE DEATH BUT N DISEASE OR CONDITIO 19A. DATE OF OPERAT OR CONTRIBUTING DEATH (notify medical 21D. TIME (APPROX.) 22. 1 certify that (1) that (1) (we) last sa and hour and from t 23A. SIGNATURE	m which caused EDENT CAUSES NDITIONS, if e cause (A) DITION lost. I CONDITIONS CONTRIBUTION TO THE CONTRI	any, giving slating the Stating (B) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., in the mee, form, foctory, street, or in the mee, foctory, street, or in the mee, foctory, street, or in the mee, foct	20A. AU 20A. AU 10 or obout 21 11 or obout 21 12 or obout 21 13 or obout 21 14 or obout 21 15 or obout 21 16 or obout 21 17 or obout 21 18 or obout 21 19 or obout 21 19 or obout 21 19 or obout 21 19 or obout 21 19 or obout 21 19 or obout 21 19 or obout 21 19 or obout 21 19 or obout 21 19 or obout 21 19 or obout 21 19 or obout 21 19 or obout 21 19 or obout 21 19 or obout 21 19 or obout 21 19 or obout 21 19 or obout 21 19 or obout 21 10 or obout 21 10 or obout 21 10 or obout 21 11 or obout 21 12 or obout 21 13 or obout 21 14 or obout 21 15 or obout 21 16 or obout 21 17 or obout 21 18 or obout 21 19 or obout 21 10 or obout	TOPSY? (Yes or No C. WHERE DID JURY OCCUR? F. HOW DID INJ ond th dy ofter deoth. Med. Director	(If in	WERE FING CAU	INDINGS CO SES OF DEA Cily, give ex	on SIDERED (TH?		
MEDICAL CERTIFICATION	ANTECE DISEASES OR COM rise to the above UNDERLYING COND OTHER SIGNIFICANT C TO THE DEATH BUT N DISEASE OR CONDITIO 19A. DATE OF OPERAT OR CONTRIBUTING DEATH (notify medical 21D. TIME (Month) OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) last sa and hour ond from t	m which caused EDENT CAUSES NDITIONS, if e cause (A) DITION last. I CONDITIONS CO TOTRELATED TO TI TON GIVEN IN PAR TION 197B. CON WAS PER! I UNDERLYING CAUSE OF exominer) ((Day) (Year) (this hospital aw the decease the couses state	any, giving stating the Stating the NTRIBUTING HE TERMINAL (TI (A). DITTON FORMED 21 how etc WW. WHICH OPERATION B. PLACE OF INJURY (e.g., imperior of the content of the content of the content of the content of the deceased from the d	20A. AU 20A. AU 10 or obout 21 11 21 21 21 21 21 22 32 23 D. ADDRES	TOPSY? (Yes or No C. WHERE DID JURY OCCUR? F. HOW DID INJ ond th dy ofter deoth. Med. Director	208. IF YES, IN CERTIFY! (If in URY OCCUR? 19to_ at in(my) (a	WERE FING CAU Baltimore	INDINGS CO ISES OF DEA Cily, give ex	NSIDERED ITH?		
MEDICAL CERTIFICATION	ANTECE DISEASES OR COM rise to the above UNDERLYING COND OTHER SIGNIFICANT C TO THE DEATH BUT N DISEASE OR CONDITIO 19A. DATE OF OPERAT OR CONTRIBUTING DEATH (notify medical 21D. TIME (Month) (APPROX.) 22. 1 certify that (1) that (1) (we) last sa and hour and from t 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	m which caused EDENT CAUSES NDITIONS, if e cause (A) DITION lost. I CONDITIONS CO HOT RELATED TO TO NO GIVEN IN PROPER TION 198 CON WAS PERI CAUSE OF exominer) I) (this hospital aw the deceose the couses state	any, giving stating the statin	(B) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., ime, form, foctory, street, or, c.) E. INJURY OCCURRED hile At Not While At Nork At Work the deceased from (1) (We) (did) (did not) while At Nork At Work At Work)	20A. AU 20A. AU 19 19 19 19 23 D. ADDRES 671	JENCE OF: TOPSY? (Yes or Not Did in the did ofter deoth. Med. Director Disc. 5 PARK HE	208. IF YES, IN CERTIFY! (If in URY OCCUR? 19to_ at in(my) (a	WERE FING CAU Baltimore	INDINGS CO ISES OF DEA Cily, give ex	on SIDERED (TH?) act location) coccurred are signed (Company)	
MEDICAL CERTIFICATION	ANTECE DISEASES OR COM rise to the above UNDERLYING COND OTHER SIGNIFICANT C TO THE DEATH BUT N DISEASE OR CONDITIO 19A. DATE OF OPERAT OR CONTRIBUTING DEATH (notify medical 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) last sa and hour ond from t 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	m which caused EDENT CAUSES NDITIONS, if e cause (A) DITION lost. I CONDITIONS CO HOT RELATED TO TO NO GIVEN IN PROPER TION 198 CON WAS PERI CAUSE OF exominer) I) (this hospital aw the deceose the couses state	any, giving stating the statin	(B) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., imperior of the control of the	20A. AU 20A. AU 19 19 19 19 23 D. ADDRES 671	TOPSY? (Yes or No. C. WHERE DID JURY OCCUR? F. HOW DID INJ Ond the dy ofter deoth. Med. Director SS 5 PARK HE	OF 208. IF YES, IN CERTIFY! (If in URY OCCUR? 19 >to at in(my) (a	WERE FING CAU Baltimore	INDINGS CO SES OF DEA Cily, give ex ian deoth o	on SIDERED (TH?) act location) coccurred are signed (Company)	the do



1	(1) 1121	BALTIMORE CITY	HEALTH DEPARTMENT		190 4405m		
- 11	irth No. 70 118	07 CERTIFICA	TE OF DEATH	REG. NO	70 11857		
	YPE OF PRINT JOSEPH HERBERT WA	LDER	2. DATE AN	HOUR OF DEATH	10 20 0		
3	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceosed lived. II in	10.30 AM. stitution: sesidence before admission)		
- F	ULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATIONI	NSTITUTION, GIVE STREET	Haryland C. CITY OR TOWN		DE CITY LIMITS?		
1	1////	1 1 4	Baltryore		YES NO		
	fflhion Memorial 1	tospiral	E. STREET AND NUMBER 5860 Bel	Air Road B	Balto. HD 21206		
	WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	11111122	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.		
100	A. USUAL OCCUPATION (Give kind of work 10B. KIN one during most of working life, even if selired) TAUERU OPENER Pel	A 1/1 /	11. BIRTHPLACE (Stote or Core Mary land	BA 4To.	12. CITIZEN OF WHAT COUNTRY?		
13	Harris Walder		14. MOTHER'S MAIDEN NAI Grace C. Na	A			
15 (Y	Was Deceased Ever In U. S. Armed Forces? es,no or unknown) Uf yos, give war or dotes of sorv	SECURITY NO.	17. INFORMANT	586	OBELAIR Rd.		
1	18. 01/19 1	CAUSE OF DEATH	TARSJ HE RBERT VVI	ALDEC.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
	IThis does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:						
ŀ	ANTECEDENT CAUSES						
	DISEASES OR CONDITIONS, if ony, giving ise to the above cause (A) stating the UNDERLYING CONDITION last. (B) DUE TO, OR AS A CONSEQUENCE OF:						
١.	11	(-)			(
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG IAL	14-14-14-14-14-14-14-14-14-14-14-14-14-1	Fart 1	48.		
CERTIFICATION	19A-DATE OF OPERATION 19R CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yos or No	208, IF YES, WERE F	NOINGS CONSIDERED		
CAL	OR CONTRIBUTING CAUSE OF DEATH inatify medical examines	218 PLACE OF INJURY (e.g., in home, farm, foctory, street, offi elc.)	or obout 21 C. WHERE DID ce bidg., INJURY OCCUR?	(11 In Boltimore	City, give exact location)		
MEDI	21D. TIME IMonth! IDoy! IYeo:) IHoud OF INJURY (APPROX.)	21 E INJURY OCCURRED White At Not While Work At Work	21F. HOW DID INJ	URY OCCUR?			
	22. I certify that (I) (this hospital) attended		11130 1	9 70 to 12	19 70		
	that (I) (we) last sow the deceosed alive	on1211	19 <u>70</u> and the	ot in(my) (our) opin	ion deoth occurred an the date		
	and hour and from the couses stated above	e. (I) (We) (did) (did=not) vi	ew the bady after death.				
	23A. SIGNATURE	Alten DEGREE Phys.	ding Med.	Staff D	12/1/70		
23C. PHYSICIAN'S NAME (Typo) JACQUES KHOURY DEGREE 23D. ADDRESS Union Memorial Hospital							
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CEE	2100	CATION (City	, town, or county! 15tate)		
25	BURIAL 12-4-1974 A. DATE REC'D BY HEALTH DEPT. 258- NAM	PARKWOOD CEI		YLOR AUE,	BALTON Mel		
	EC7 1970 Robert E. Jack	. Ca	286. FUNERAL DIRECTOR	mklin 5.	ADDRESS 444 BELAIR ROLL		
VS	150-REV. 1/1/68		0				

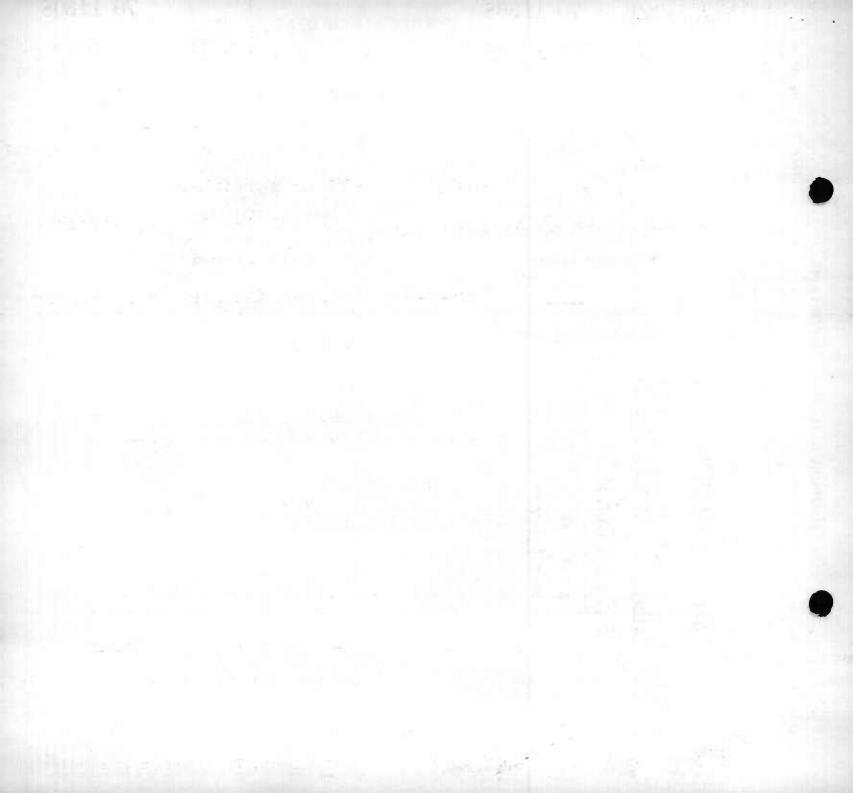


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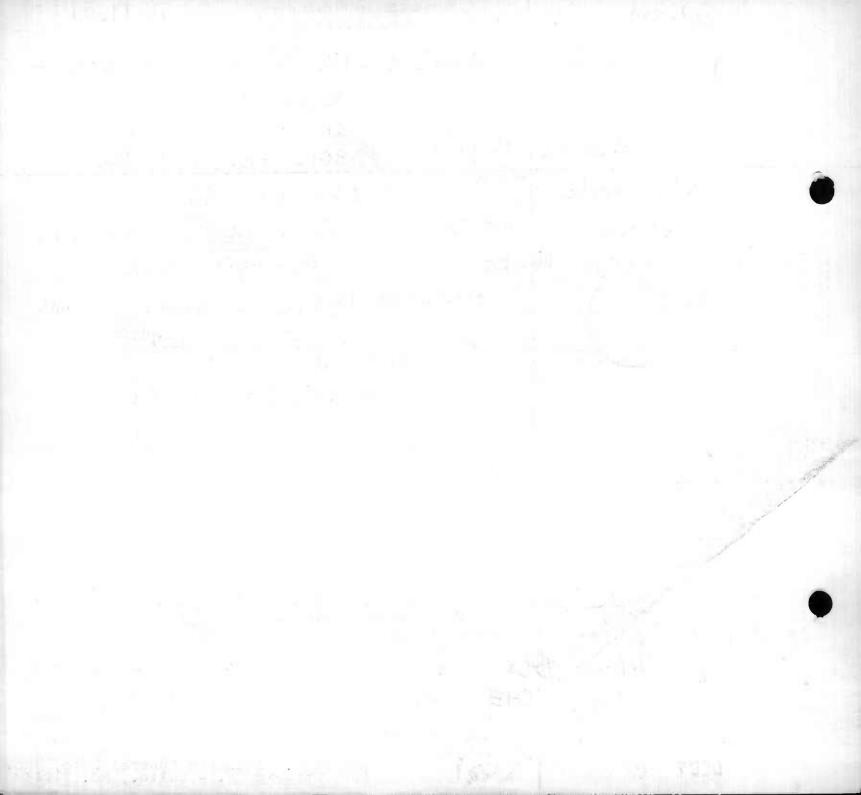
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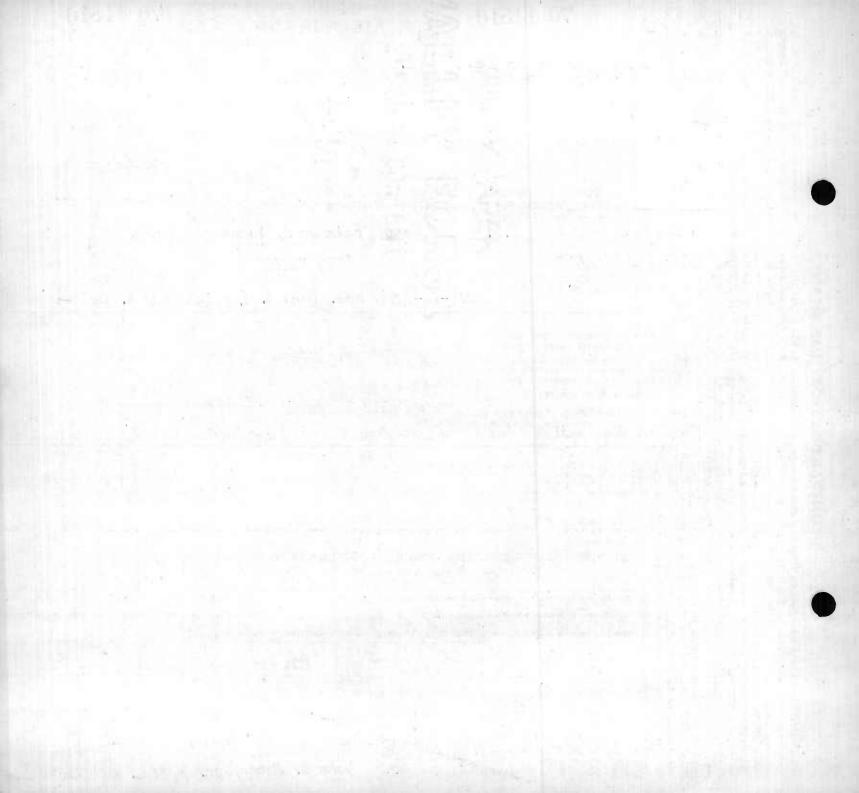


	/// - ////	Y HEALTH DEPARTMENT		70 11809			
	BIRTH NO. 1. NAME OF DECEASED, 1	TE OF DEATH	REG. NO				
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	., JR. Dea	MG. 2, T	70 16:10 A.			
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION) FULL NAME OF ADDRESS OR LOCATION)	A. STATE B. COL	nd	2745			
	Mion Memorial Hospital.	E. STREET AND NUMBER	P. IN	YES NO			
9		3012 1	Fleet work	d Ave			
is made	Male White WIDOWED DIVORCED	8. DATE OF BIRTH 02-17-84	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
Lou	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired) Retired. Salesman	11. BIRTHPLACE (Stote of to	reign country)	AMEYICAN			
spos	George Weeks	14. MOTHER'S MAIDEN N		1 / / Carl			
- 11	Is Was Decembed E	17. INFORMANT	rgia b	ECK .			
	No SECURITY NO. 212-07-2962	Bessie	C. Wee				
0 0	DISEASE OR CONDITION DIRECTLY	H A A	0 10 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	LEADING TO DEATH		heart faile	we !			
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)						
	ANTECEDENT CAUSES (Onleroscherotic Cordiovasch hat diseas						
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:						
	UNDERLYING CONDITION lost (C)		R				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a),						
	194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or N	o) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, off	or about 21C. WHERE DID	(II In Soltimor	e City, give exoct focotion)			
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED (APPROX.) While At Not While	21F. HOW DID IN.	JURY OCCUR?				
	22. I certify that (1) (this hospital) attended the deceased fram	Dec on hal	10 70 to DE	CO44 1 2 10 178			
	that (1) (we) last saw the deceased alive an Decomb. 2 19 70 and that in (my) (aur) opinion death accurred on the date						
	and haur and from the causes stated above. (1) (Ne) (did)(did not) vf	ew the bady after death.					
- 11	Tohu Ole Mo DEGREE Phys.	ding Med.	Staff Phys.	Decomp 9 770			
	23C. PHYSICIAN'S NAME (Type)	3D. ADDRESS	rnys. 92x	Decemb. 2, 70			
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREA	Union	Memorial	Hospital			
	Burial 12/4/70 Gardens of Fai		ocation (Cir ltimore	y, town, or county) (Stote) Maryland			
2	DEC 7 1970 Real & S. B. B. B. T.	25C. FUNERAL DIRECTOR Robert C. A	ltenburg F	uneral Home Inc			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$ 150-REV. 1/1/68	buuy Hartor	<u> ка. – Ва</u>	lto. Md. 21214			



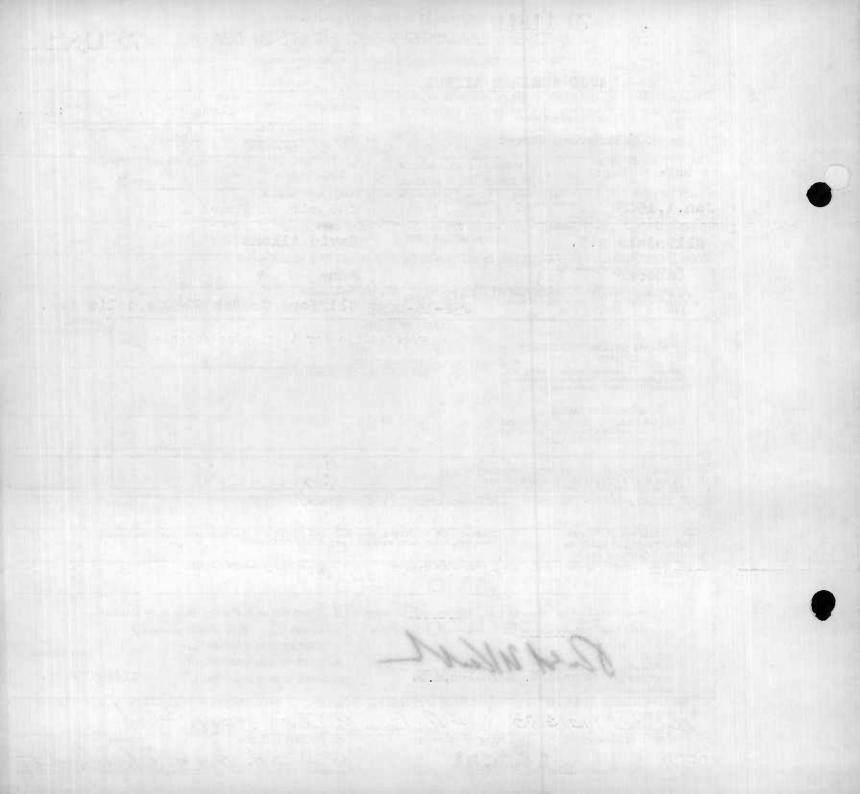
FUNERAL DIRECTOR: IMPORTANT

1	-149 70 11810 BALTI	MORE CITY	HEALTH DEPARTMENT	j-	70 11810
6	TH NO.	TIFICAT	TE OF DEATH	REG. NO.	V 301010
1. N.	AME OF DECEASED		2. DATE AN	D HOUR OF DEATH	2.0
Тур	LayFIELD, RoberT	L	12-	2-70	1 3 a.
3. P	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Wher A. STATE B. COUN	e deceased lived. If ins	titution: residence before admission
FUL	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE	STREET	Maryland	Baltin	ore // =
HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE DEPARTMENT OF ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIC	DE CITY LIMITS?
/	Good Samaritan Hospita	06	Baltimor	e	YES NO
	good Samariran Hospill	ie	E. STREET AND NUMBER	01	1 11.
				Belnore	
5. S	6. RACE 7. MARRIED NEVER MA	ARRIED B	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days Hours Min.
		ORCED	2-29-88	00	
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS Of eduring most of working life, even if retired)	RINDUSTRY	1. BIRTHPLACE (State or fore)	anuland	12. CITIZEN OF WHAT COUNT
-	Sailmaker U.S. Coast	Guard	Fairmount. So	menset (our	USA USA
13. F	FATHER'S NAME	1	4. MOTHER'S MAIDEN NAM	AE	7,
(George Layfield		Mary Hunley		
5. V	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	1	Mary Hurley 7. INFORMANT		ADDRESS A
res	s, no or unknown) (If yes, give wor or dotes of service)	-9.3947	Mrs. Dona A.	Taulield 62	75. Belnonord
_	No CAUSE	OF DEATH		7-3/	APPROXIMATE INTERVAL
ICATI		cardia	CONSEQUENCE OF: C 4 C Ma (far.) 20A. AUTOPSY? (Yes. or No.)	1/40 2-66	NDINGS CONSIDERED
L CERTIF	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN home, form, focto	JURY (e.g., in ry, street, offi	or about 21 C. WHERE DID	(If In Boltimore	City, give exoct location)
O	DEATH (notify medical examiner) etc.)				
	21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCC		21F. HOW DID INJ	URY OCCUR?	
<	(APPROX.) While At Work	Not While At Work			,
	22. I certify that (1) (this haspital) attended the deceased				
	that (1) (we) last saw the deceased alive an			at in(my) (aur) apin	ian death accurred an the
	and haur and fram the causes stated abave. (1) (We) (did)	(did nat) vi	ew the bady after death.		Icon DATE CLOTTE
-	23A. SIGNATURE	Atten	ding Med.	Staff []	238. DATE SIGNED
	Judians & Swelly 1	Phys.	Director L	Phys.	12/2/70
	23C. PHYSICIAN'S NAME (Type)	23	BD. ADDRESS		
		DEGREE			
24A.	REMOVAL (Specify) 24B. DATE 24C. NAME of CEME	TERY OF CREA	AATORY 24D. LC	OCATION (City	, town, or county) (State)
1	Burial 12/5/170 Loudon Po	ink Com	eteru Bai	timore. Mai	ruland.
25A	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	1	25C. PUNERAL DIRECTOR	- CO	ADDRESS
DI	EC7 STE CLEER E. Talley M.D.		John A. Mora	n. Inc. 3000	C. Baltimana
/S 1	150-REV. 1/1/6B			7-00	C. CONOTICE



ABIRT			ERTIFICATE OF DEATH REG. NO. 70 11811			
	AME OF DECEASED		2. DATE Known Month Doy Year Hour			
	or Print) DAVID ABRAHAM AIKENS		OF DEATH Estimoted \(\Bar{\text{}} \) M.			
FULL	ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STITUTED ADDRESS OR LOCATION)		3. DATE Month Day Year Hour November 28,1970 10:25 A.M.			
OR IN	538 McMechen Street		5. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before odmission) A. STATE Maryland B. COUNTY			
6. SE	Male Negro	ARRIED CONCED	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES X NO			
	10. AGE (in years if Under ! Yr. If		E. STREET AND NUMBER 538 McMechen Street			
	RTHPLACE(Stole or foreign country) 12. CITIZEN OF WHAT COUN		13. FATHER'S NAME David Aikens			
I 4A.U	SUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS Cluding most of working life, even lifrelired)	R INDUSTRY	15. MOTHER'S MAIDEN NAME Anna ?			
16. W (Yes, 1	AS DECEASED EVER IN U.S. ARMED FORCES? 10 or unknown) (If yes, give wor or doles of service) 252-1	10 NO 25	18. INFORMANT ADDRESS Clifford Creech 5249Cordelia Ave.			
NOIL	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart follure, asthenia, etc. it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	DUE TO, OR A	sive cardiovascular disease			
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
- 1	DA. DATE OF OPERATION 20B. CONDITION FOR WHICH OPE	ERATION WAS	S PERFORMED 21. AUTOPSY? (Yes or No) no			
일	ZA. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. JTING CAUSE OF DEATH. 22B. PLACE OF III home, form, locion	NJURY (e.g., i y, streei, office	in or obout 22C. WHERE DID (It in Baltimore City, give exact location) bidg., etc.) INJURY OCCUR?			
	2D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY (WHILE AT WORK	NOT V				
2	actual signature Examiner's Ronald N. Kornblum, M.	Sulcide M.D.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED			
		CEMETERY of	or CREMATORY (24D. LOCATION (City, town, or county) (Stote)			
25A.	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGIST	RAR	25C. FUNERAL DIRECTOR ADDRESS			
DE	67 1970 R.G. B.E. Ra. G. 42	<u>a</u> .	Womes of H. 31971. Schrode St			

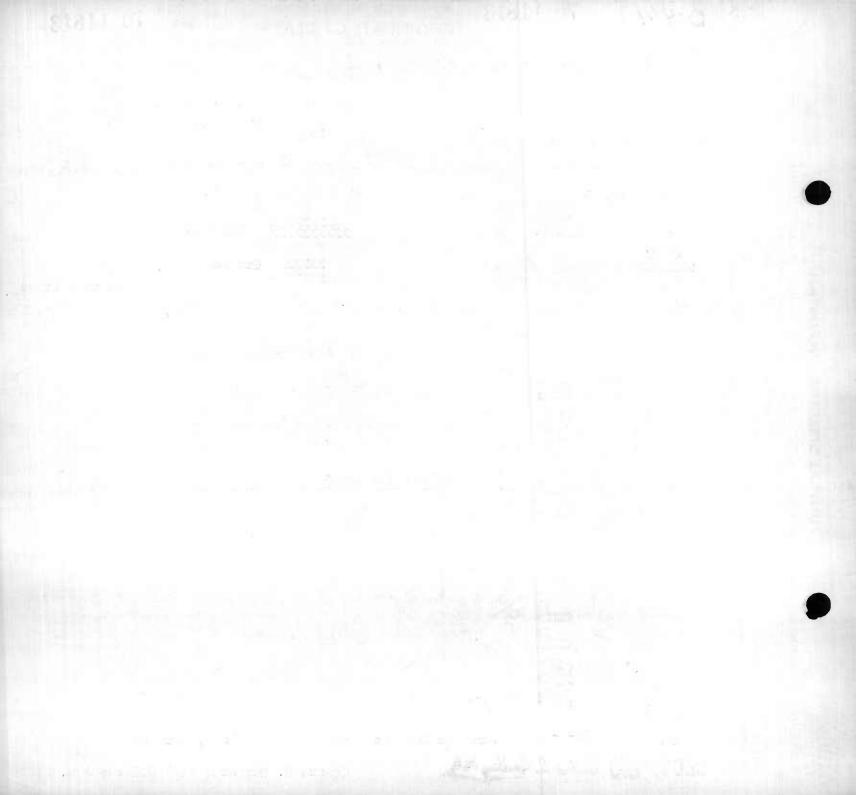
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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



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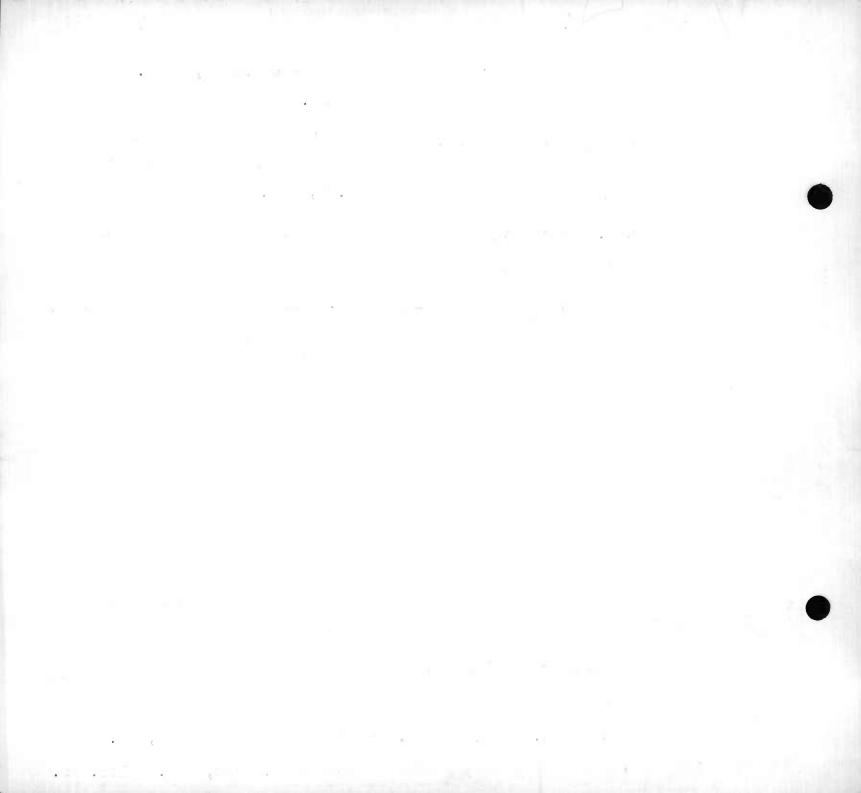
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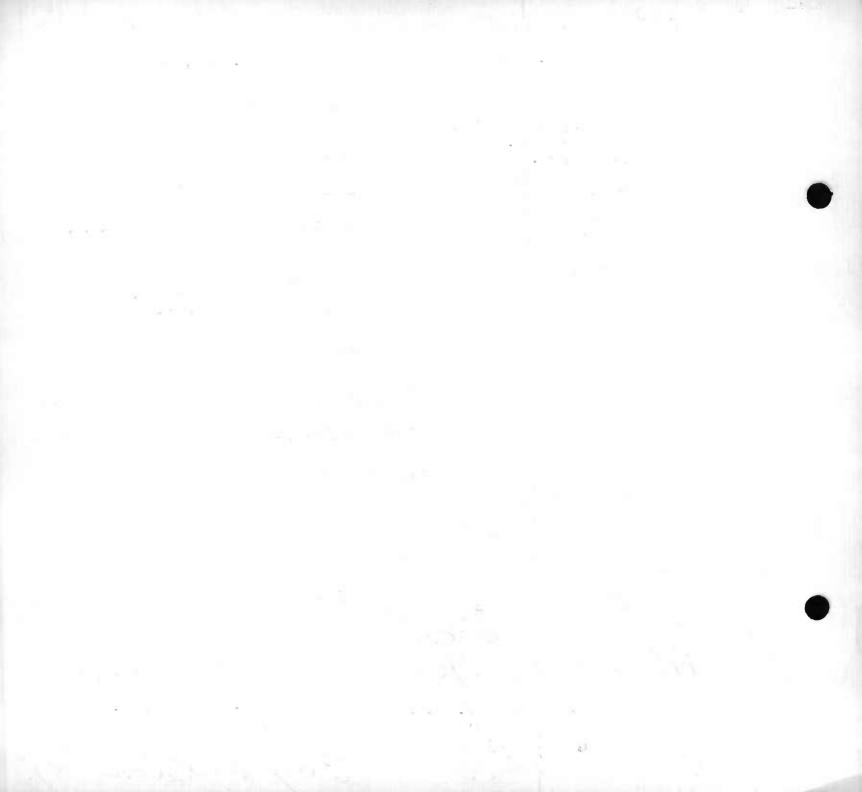
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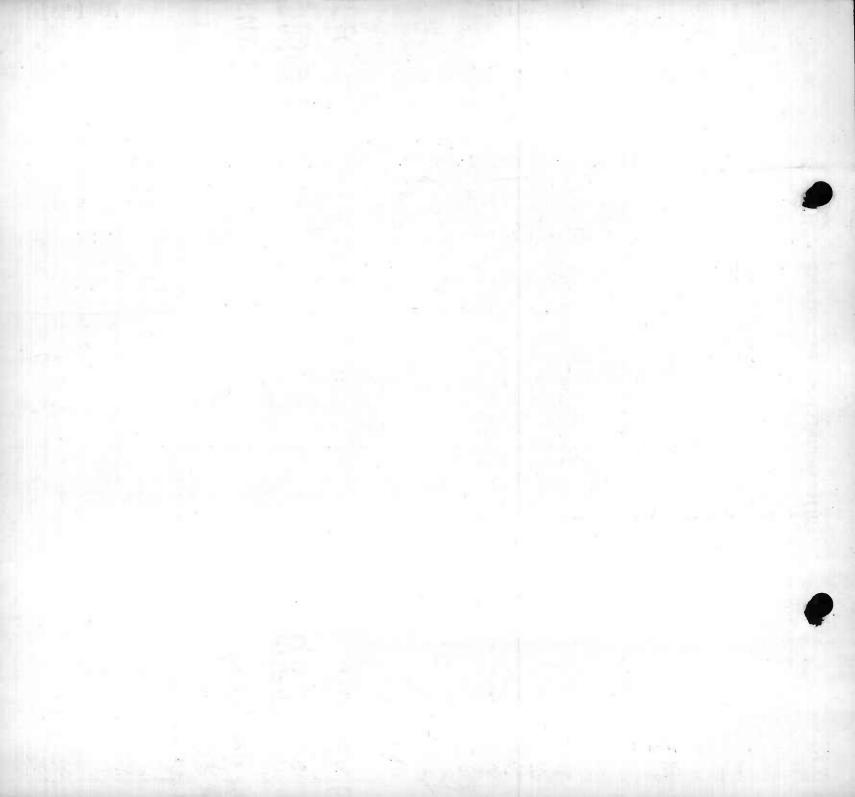
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VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



W-422 70 118		HEALTH DEPARTMENT	REG. NO	70 11817	
BIRTH NO. 1. NAME OF DECEASED (Type of Print) LITTUES Education Little Company	CERTIFICA	2. OATE	AND HOUR OF DEAT	н	
WILKES, Edgar W 3. PLACE IN BALTIMORE, MARYLAND, WHERE P FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	n a	4. USUAL RESIDENCE (W A. STATE B. CO Maryland	30/70 here deceased lived, If	institution: residence before odmission	
23 Veterans Administr 3900 Loch Raven Bo	ulevard	Baltimore E. STREET AND NUMBER		YES NO NO	
Male Negro wide	RRIED NEVER MARRIED DIVORCED	6. DATE OF BIRTH 10/2/27	9. AGE (in years last birthday)	if Under 1 Yr. If Under 24 Hrs Manths Doys Hours Min.	
OA. USUAL OCCUPATION (Give kind of work 10B. KINdone during most of working life, even if relired) Mail Clerk	ID OF BUSINESS OR INDUSTRY	Baltimore, M	ld	12. CITIZEN OF WHAT COUNTRY USA	
Roger Wilkes		Mabel Herber			
5. Wos Oeceased Ever in U. S. Armed Forces? Tes, no or unknown Uf yes, give war or dotes at ser YES 14/18/46 a 2/3/4'		VA Hospital R 3900 Loch Rave		ADDRESS	
ise to the above cause (A) stating the UNDERLYING CONDITION tast. (C)		SÍS A CONSEQUENCE OF:			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or !	No.) 208 IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY (e.g., in hame, farm, foctory, street, of etc.)		(II In Boltimo	ore City, give exact location)	
210-TIME (Manth) (Doy) (Yeor) (Hour) (APPROX.)	21E INJURY OCCURRED While At Not While Wark Not Work	21F. HOW DID IN	JURY OCCUR?		
22. I certify that (1) (this hospital) attended the deceased from November 23rd 19 70 to November 30th 19 70 that (1) (we) lost sow the deceased alive on November 30th 19 70 and that in (ny) (our) opinion death accurred on the date and have and from the causes stated above. (1) (We) (did) (did) (our) view the body after death.					
23A. SIGNATURE		nding Mod.	Staff X	23B DATE SIGNED 12/1/70	
23C. PHYSICIAN'S NAME (Tyge)	DEGREE	3D. ADDRESS 3900 Ba]	Loch Raven timore, Mar	Boulevard	
Burial 12-5-201	C. NAME OF CEMETERY OF CREE OUT OF CREE ME OF REGISTRAR	Cent	Balto	ily, town, or county) (Stote)	
DEC 7 1970 Robert & Fa		25C, EUNERAL DIRECTO		Suanter he	

13.

8 400 70 118	BALTIMORE CIT	Y HEALTH DEPARTMENT		70 110.		
3.000	CERTIFICA	ATE OF DEATH	REG. NO	Sich		
I. NAME OF DECEASED (Type or Print)		2. DATE AND	HOUR OF DEATH) 1 25 P M		
3. PLACE IN BALTIMORE MARYLAND, WHERE PROP		4. USUAL RESIDENCE (Where d	eccosed lived. If inst	itution: residence before admission)		
FULL NAME OF HOSPITAL OR INS ADDRESS OR LOCATION) INSTITUTION	TITUTION, GIVE STREET	C. CITY OR TOWN		E CITY (IMITS?		
BOLLON HILL NURSING HOME		2927 West NON	PTH HUE	21216		
5- SEX 6- RAGE 7- MARRIE WIDOW	ED DIVORCED	2-18-1915 tost	55	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT -BOLLON HILLNH	1400 JOH	ADDRESS		
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEA	THE TOTAL PROPERTY OF THE PROP	7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
LEADING TO DEATH (This does nal meon the made af dying, e heort failure, asthenia, etc. It means the disea injury or complication which caused death.)		A CONSEQUENCE OF:	u Clu Me	E 6 (mg)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, givi	(B)	S A CONSEQUENCE OF:				
rise to the above cause (A) stating to UNDERLYING CONDITION lost.	he (C),					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).		Metanta	N			
U 194. DATE OF OPERATION 198. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No) 2	OB. IF YES, WERE FILE N CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?		
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., nome, form, foctory, street, etc.)	in or obout 21C. WHERE DID INJURY OCCUR?	(II in Boltimore	City, give exact location)		
OF INJURY	While At Work At Work		OCCUR?			
22. I certify that (1) (this hospital) attende that (1) (we) lost sow the deceased alive o	1/7/	190 and that	n (my) (our) opini	ion deoth occurred on the dote		
ond hour and from the couses stated above						
Attending Med. Staff Phys. DEGBSE Phys. Director Phys. 22-2-10 230. PHYSICIAN'S NAME (Type) 23D. ADDRESS						
24A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF C		_	(Stote) (Stote)		
BURIOL 12-5-70	M - DUT	BORN B	RLTO	ADDRESS		
DEC 7 1970 Page & Ja		E.O. Wilson	18 cool (

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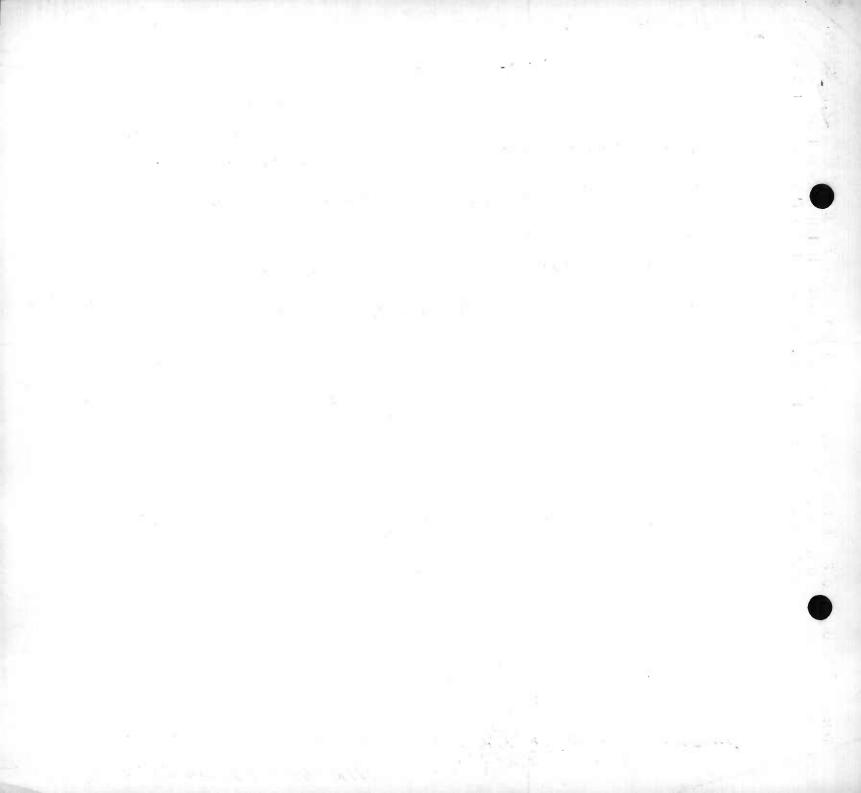
DIRECTOR:

VS 150-REV. 1/1/6B

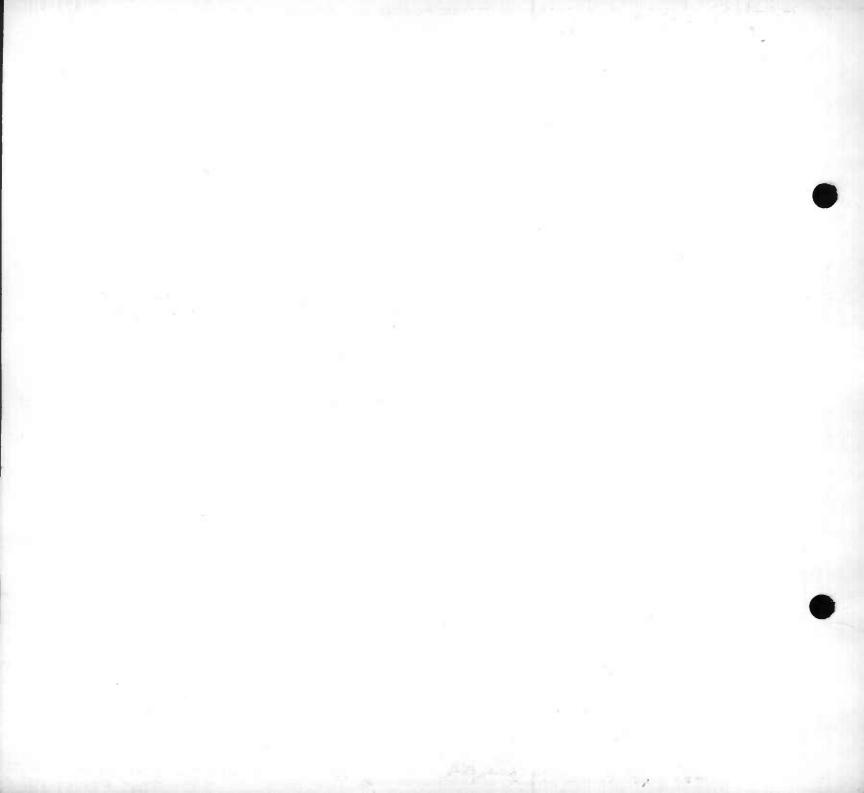
BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased wived, If institution; residence before admission) D. INSIDE CITY LIMITS? YES 4 NO If Under 1 Yr. If Under 24 Hrs. Manths: Days Haurs Min. Months Days 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ND BRAIN 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location and that in (my) (our) opinion death occurred on the date 23B, DATE SIGNED

422/71- Received too lete to be counted in 19.70g.

법	D-620 70 11820 BALTIMORE CITY HEALTH DEPARTMENT 70 11820
and and sed the the	BIRTH NO. CERTIFICATE OF DEATH REG. NO.
an eat ase th	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
ta Fand of death or death on the	1/4 the (Wrsey 12-4-30 1 4:15 P.
D D D D D D D D D D D D D D D D D D D	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
Se Se de de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND
S da sino	INSTITUTION ADDRESS OR LOCATION) C. CITY OR JOWN IMORE, D. INSIDE CITY LIMITS? VESXX NO [
T P S S S S S S S S S S S S S S S S S S	
Z Z de la constante de la cons	JOHNS HOPKINS HOSPITAL E. STREET AND NUMBER 3016 WINDSOR AVE.
- D 0 B D	S CEV LABOR
Pregramme egulos ased	FEMALE NEGRO NEVER MARRIED NEV
G o o o o o o o o o o o o o o o o o o o	WIDOWED & DIVORCED 0-70777
日本年一時に	dunity during most of working life, even if felifed)
- 620 L 20 1	10441
M I H H if death rect or c (4) Under was in the dec sposition	THE MOTHER'S MAIDEN NAME
フ さら、チェカ	CALLETA 1000
	15. Wos Deceased Ever in U. S. Armed Forces? (Tes,no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.
KTA Ssist the the the dec	(Tes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 214 18 0107 / Ma Paurs 2016 W. N.D. SOCIAL SECURITY NO.
>O grand	APPROXIMATE INTERVAL
A his	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
Ats	
de sa con a	(This does not meen the mode of dying, e.g., heart foilure, ostherio, etc. It means the disease, injury or complication which coused death.)
O - 5 : 5 : 5 : 5 : 5	ANTECEDENT CAUSES
A B A A S S	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
3 3 6 5 E E	
Port Si si si si si si si si si si si si si si	UNDERLYING CONDITION lost.
ALL medical property of the pr	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
P E P P P P P P P P P P P P P P P P P P	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
Find Spring	DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
4 AT M + X o	
# 4 % 5 g of	OR CONTRIBUTING CAUSE OF CAUSE
No on on one	To bear month medical examiner No etc.
100 to 10	OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
0 0000	(APPROXI UNK. While At Not While Commotion of gastin contents
ny ny an y control	22. I certify that (1) Whis hospital) attended the deceased from 28 Nov. 19 20 to 4 December 19 20
\$ 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	that (1) (we) last saw the deceased alive on 1 Reember 19 70 and that in (my) (our) opinion death occurred on the date
t be a sed to ant of spiral earth)	ond haur and from the couses stated above (1) (We) (dld) (dld not) view the body after death.
ospasse den	23A. SIGNAYÜRE
B m m m m m m m m m m m m m m m m m m m	Atending Med. Stoff Director Phys. 4 Les 1970
0 - 2 - >	23C. PHTSICIANS NAME (Type) 23D. ADDRESS
H E hificate y was (1) An o 3.A. at d prio appro	Stephen T Miller MO Tile 1/ 10 Bill has
4 0	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stotel
Pood ood	BURIAL 12/5/70 ARBUTUS Mom. PK BALTUMD 21227
This certifie body shows: (1) was D.O. deceased written a	
されるメウン	DEC 7 1970 Police & Jaben KD. Dec & Dec & Jaben KD. Dec & De
	W. 100 DOW 1/1/10



VS 150-REV. 1/1/6B



VS 150-REV. 1/1/68

1 1

NO

Hours

NUTTER FUNERAL HOME 3035 W. NORTH AVE

If Under 24 Hrs.

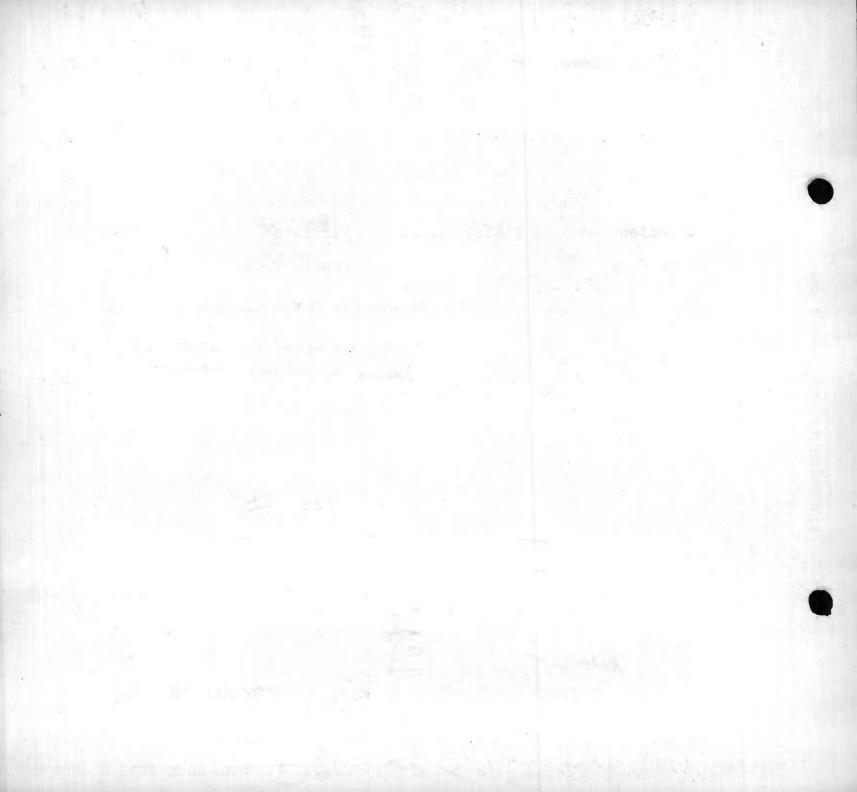
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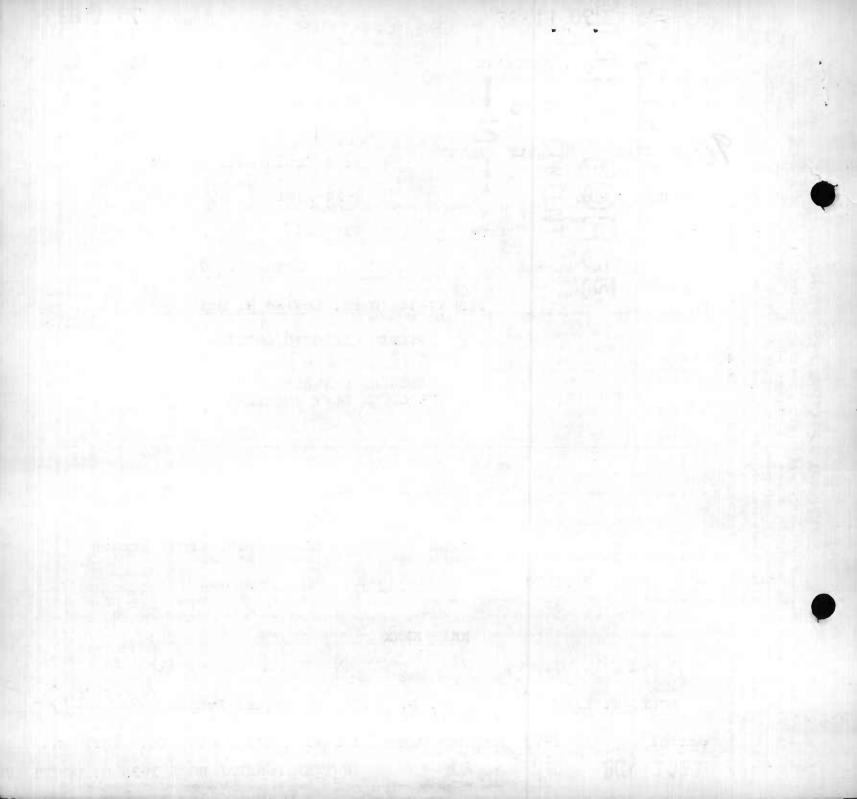
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VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



11 21	7 70 11	1005	BALTIMORE CITY	HEALTH DEPARTMENT		70 11825
4-20	3 70 11	(000)	CERTIFICA	TE OF DEATH	REG. NO	70 33.050
BIRTH NO.	FASED				ND HOUR OF DEAT	н
Tunn or Print)	ERTHA H. H	ע שר ב ב שע			mber 28,	
	TIMORE MARYLAND, V		ICED DEAD	4. USUAL RESIDENCE (Wh	ere deceosed fived. If	institution: residence before odmission)
S. PEACE III DAE	MARIEAND, Y	VITERE TROMOGRA	TOLD DEAD	A. STATE B. COU	NTY	11100
FULL NAME OF	(IF NOT IN HOSPI	AL OR INSTITUT	ION, GIVE STREET	Maryland		1403
OSPITAL OR	ADDRESS OR LOC	AllON		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
				Baltimore		YES NO
4009 L	iberty Heigh	hts Ave	nue	E. STREET AND NUMBER		
	2	, 2210		2026 Druid	Hill Aven	
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
Female	Negro	WIDOWED	DIVORCED	2-20-1881	89	
A. USUAL OCC	UPATION Give kind of wor	k 108. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY
	working life, even if retired)	TT		Trimminin		IIC A
Housewi		Home	2	Virginia 14. MOTHER'S MAIDEN NA		USA
PAINER 3 NA	MILE			14. MOTHER S MAIDEN NA	AME	
W	illiam Hugh	nes	- Land	Martha	A. ?	
. Wos Deceosed	Ever in U. S. Armed Fo	ices?	6. SOCIAL	17. INFORMANT		2513 W. Oxford S
	, dir yes, give war or dat		ECURITY NO.	Mana Tanahan		
NO 18. 6-6	4/	ZI	CAUSE OF DEAT		B. Brinki	ey Phila., Pa.
heart failure, injury or can	nat mean the mode at osthenio, etc. It means in polication which caused ANTECEDENT CAUSES DR CONDITIONS, if e above cause (A)	the discose, death.)	VASCULA	A CONSEQUENCE OF: R DISEASE E LEFT SHOUL A CONSEQUENCE OF:	DER	
	G CONDITION losi.	Sidning that	(c)			
	11	C	2314			
	FICANT CONDITIONS CO		N E			
= TO THE DEAT ∢ DI5EA5E OR C	TH BUT NOT RELATED TO 'CONDITION GIVEN IN PA	THE TERMINALS	<i></i>		ba a a waa a a a a a a a a a a a a a a a	
19A. DATE OF	OPERATION 198. COM	IDITION FOR WE	HICH OPERATION	NO	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDE	NT WAS UNDERLYING	21 B. P	LACE OF INJURY (e.g., i	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltim	ore Cily, give exact location)
DEATH (notify	JTING CAUSE OF medical examiner	home,				a Observati
21 D. TIME	(Month) (Doy) (Year)	(Hand 215 II	HOME	21F, HOW DID IN	plar Grov	e Street
OF INJURY					JUKI OCCUK:	
(APPROX.) N	ov. 20,19°	70 Work	At Work	Fall Fre	om Bed	
	that (1) (this hospita	1) ottended the	deceased from		.19to	19
				19 and •		plnion deoth occurred on the dot
1						printed de the del
		red obove. (I)	XX (qiq) XXXXX) A	iew the body ofter deoth		Vans DATE SIGNES
23A. SIGNATU	I. I Na		M. D. A	nding Med.	Staff /	23B. DATE SIGNED
19	ms/ val	my 1	DE GREE Phys	Director L	Phys.	GE 2 19/10.
23C. PHYSICIA NAME (T	N°S			23D. ADDRESS		the same of
LOUI			M. D.DEGREE	3502 W. Roge	rs Avenue	PARTINIMO 14
	MATION, 24B. DATE	24C. NAA	M. D. DEGREE			(City, town, or county) (Stotel
Burial	12-2-	70 Arbu	itus Memori	al Park Ba	ltimore	Co. Maryland
5A. DATE REC'D	BY HEALTH DEPT.	258. NAME OF	REGISTRAR	25C, FUNERAL DIRECTO	R	
DEC7	1970 (G.S.A)	Van See	N. A.	NUTTER FUN	ERAL HOME	3035 W. NORTH A



IMPORTANT

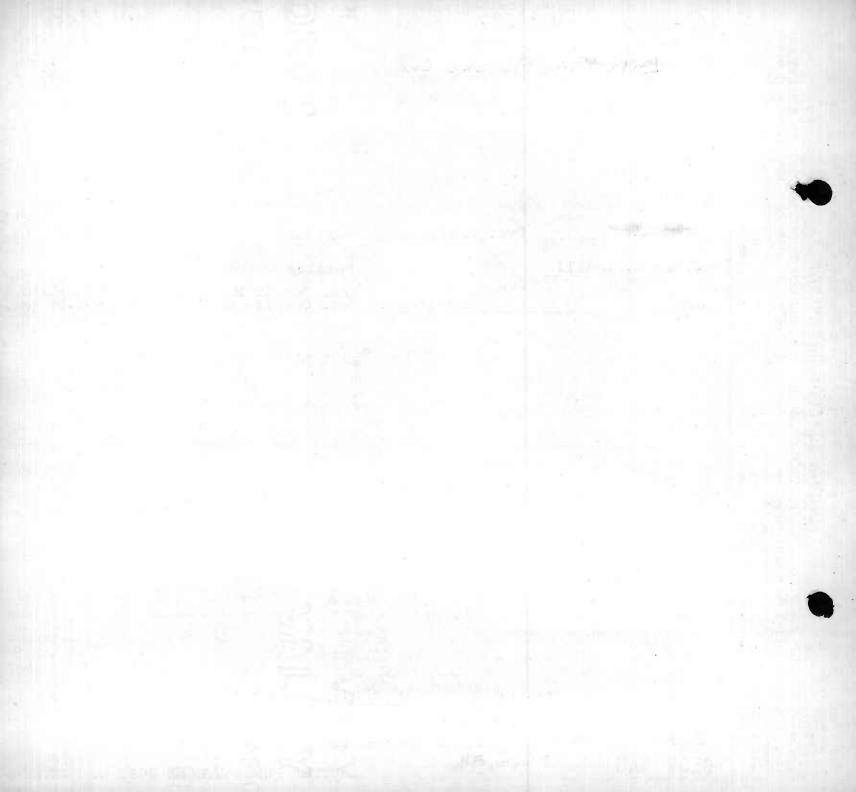
FUNERAL DIRECTOR:

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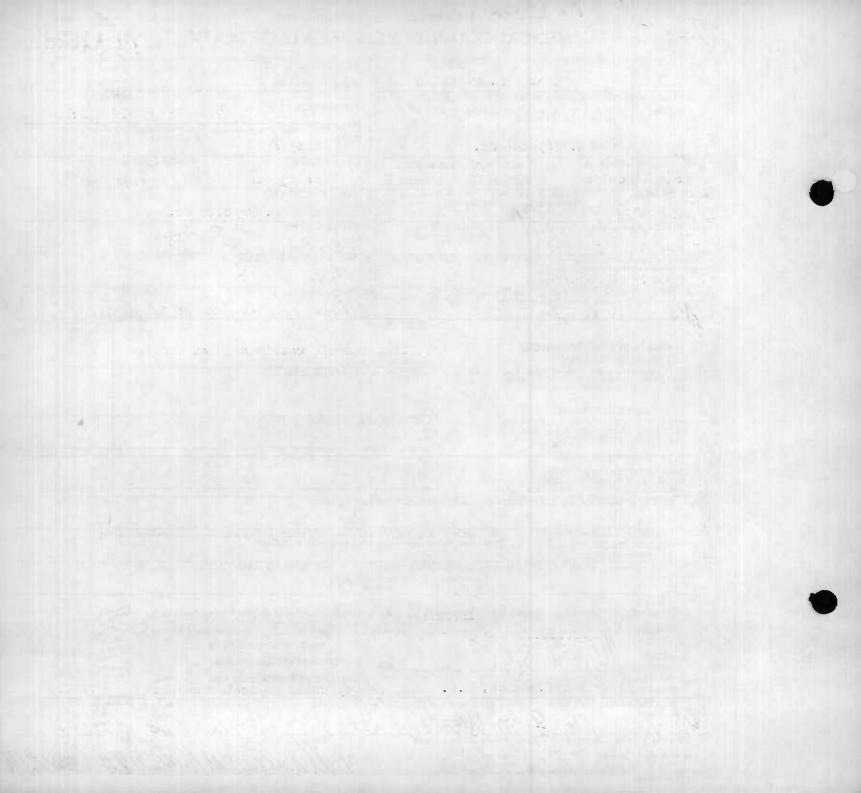
BALTIMORE CITY HEALTH DEPARTMENT

Mary and Mary Md Seek of the EAHorotic -Luthaman Hosp of Med 1810 Birde 1 Her. Mrs. Norm. 1 1-5-97 73 The second second second second

1		70 440	BALTIMO	DRE CITY HEALT	H DEPARTMENT		70 11827	
C -	200	70 113	CERT	IFICATE C	OF DEATH	REG. NO	24657	
NAME	OF DECEASED				2. DATE A	ND HOUR OF DEATH	1	
Type or P	rinty of the	7		24	12	.5-70	3.41	2. M.
3. PLACE	IN BALTIMORE M	ARYLAND, WHERE PRO	ONOUNCED DEAD			ere deceased lived. If	institution; residence before admis	sion)
				A. STA		NIY	100	1
FULL NA	ME OF (IF NO	OT IN HOSPITAL OR IN	ISTITUTION, GIVE ST	REET Ma	ryland	In IN	CIDE CITY HARTES	
NSTITUTI	NC NC			C. CITY	OR TOWN	2 /	YES NO	
	,	,	,	5 STDI	EET AND NUMBER	ona	YES NO NO	
1.1	1. 7	aspetal of	1 marche	1 7	27 Drue	I Bank &	nle)	
~uc	Minan / T	7/	1	T O DATE	OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24	Hrs.
SEX	6. RACE		RIED NEVER MAR	KIED		lost birthdoy	Months Doys Hours M	
tema	w /lu					79	12. CITIZEN OF WHAT COU	NITOVO
IOA. USUA	most of working life,	even if retired)	D OF BUSINESS OR	NDUSIKY III. BIKI	HPLACE (Store or to	reign country)	12. CHIZEN OF WHAT COO	MIKI
	estic		. Family	Ma	arvland		USA	
	R'S NAME		CALLADY	14. MO	THER'S MAIDEN NA	AME		
Tam	on P Pa	coll		3.4-	4:12- 17-	a hanna		
	es B. Ro		1 6. SOCIAL	17. INFO	tilda Up		ADDRESS	
Yes, no or	unknown) (If yes, gi	ve wor or dotes of serv	ice) SECURITY	No. Mr	s. Bessie	Nickens	3600 Springdal	e A
No	500		217-14	-6046 Mr	s. Ceceli	a Taylor	3107 Granada A	ve.
18.	67.4	1	CAUSE	OF DEATH	0		APPROXIMATE INTER	
-		NDITION DIRECTLY		/	Onan .	1- (01)		
(76:-		TO DEATH The mode of dying,	(A) IMMI	DIATE CAUSE	(65/217W	ory rail	ME	
heori	foilure, osthenio,	etc. Il meons the dis-	e.g., DUE	TO, OR AS A CONSI	EQUENCE OF:	1		
injury		which coused deoth.)		D	1 00.	1.		
	ANTECED	ENT CAUSES	(B)	ľ'n	1.060	Com S'		
		OITIONS, if ony, g	i ving	TO, OR AS A CON	SEQUENCE OF:			
	io the obove	couse (A) stoling	(C)	1001	som d.	2 6		
		11	(-,-3					
OTHE	RSIGNIFICANT CO	NDITIONS CONTRIBUT	ING					
A DISEA	HE DEATH BUT NO	TRELATED TO THE TERMI GIVEN IN PART 1 (A).	NAL					
U 19A.	ATE OF OPERATIO	ON 198. CONDITION	FOR WHICH OPERAT	ION 20A	- AUTOPSY? (Yes or	No) 20B. IF YES, WER	FINDINGS CONSIDERED AUSES OF DEATH?	
O 19A. [
OP C	ONTRIBUTING C	INDERLYING AUSE OF	21B. PLACE OF INJ	URY (e.g., in or abo , street, office bldg	21C. WHERE DID	(If in Boltim	ore City, give exact location)	
DEAT	H (notify medical e	exominer)	etc.)					
	IME (Month)	(Doy) (Year) (Hour)	21E INJURY OCC	JRRED	21F. HOW DID IN	NJURY OCCUR?		
OF IN			While At	Not While				
		A 17 (7 E 18	Work L	At Work	90	70 7 (1. /	7.12	17
		this hospital) atten	10	/1	30.	19 7 O to	×	
		the deceased alive					pinian deoth accurred on the	a date
ond I	nour and from the	e couses stated obo	ve. (1) (We) (did) (did not) view the	e body ofter deoth	1.		
23A. S	IGNATURE	A		()	E RESL		23B. DATE SIGNED	110
-		Mu =	-W 1	Phys	Med. Director	Staff Phys.	12.5.))
23 C. F	PHYSICIAN'S NAME (Type)	1	77	23D. AD		,	0. 11	
	NAME (Type)	-1. 1 ARV	KAN. (70 111	THEOA	N HOSPITH	1L; BALTO-16.	(71)
044 6415	SK.	DATE DATE	4C. NAME of CEMET	DEGREE LO	y 24D	4 //-		ote)
REN	IAL CREMATION.	24B. DATE 2	40. NAME OF CEME	ERI OF CREIVIATOR	240.	TOCKHON .	, 10 1114 01 03 0111/1	
Bur:	ial	12-9-1970	Mt. Aubu	rn Cemet	erv	Baltimore_	Maryland.	
	E REC'D BY HEAL		ME OF REGISTRAR	250	FUNERAL DIRECT	OR	T ADDRESS	
DEC.	। । ।।।।	POSTIN CH ANTON		N	UTTER FUR	VERAL HOME	3035 W. NORTH	I A
/5 1.60 B	EV. 1/1/68	-						

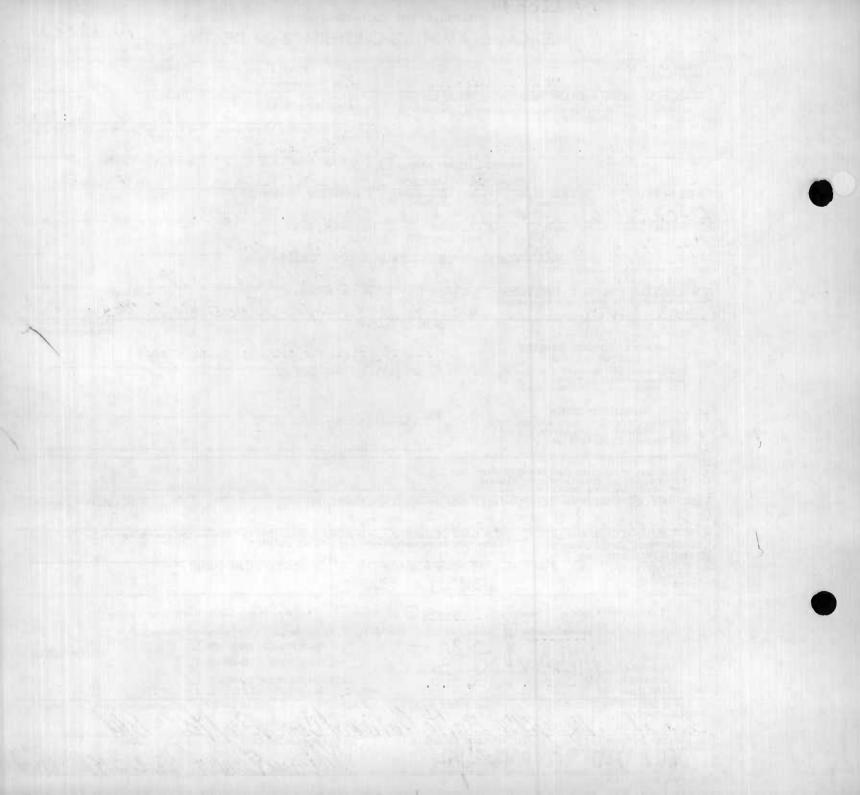


	/U 11828 BALTIMORE CITY HE	ALTH DEPARTMENT	
1		CERTIFICATE OF DEATH REG, NO.	70 11828
BIR	TH NO.	REG. NO.	70 61030
	NAME OF DECEASED	2. DATE Knawn A Manth Day	Year Hour
(1Ab	George A. Thornton	OF DEATH Estimoted	М.
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day PRONOUNCED DEAD	Year Hour
HOS	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	12 3	70 ¹ 5:35 p _M
OK	INSTITUTION	A. STATE B. COUNTY	residence before admission)
6. 5	1030 W. Fayette St.	Maryland C. City or town D. INSIDE CIT	Y LIMITS?
	male colored widowed Divorced		s 🔯 NO 🗆
9. D	ATE OF BIRTH 140. AGE (In years If linder 1 Yr. If Under 24 Hrs.		3 Pai 140 C
	UNB30/899 last birthdoy 7/ Months Doys Hours Min.	1030 W. Fayette St.	
11.1	BIRTHPLACE (Make or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
L	536X (101 VA)	HENRY/ MORN JON	
14A.	USUAL OCCUPATION (Give kind of work! 148, KIND OF BUSINESS OR INDUSTRY		
_(PONE Spenator	Mary?	DDRESS
Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	18. INFORMANT / In MA VOOL 1038	WIJE INTHOS
	CAUSE OF DEA	TH 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY Arterios	1	
	LEADING TO DEATH (A)IMMEDIATE C	clerotic cardiovascular diseas	se
	(This does not mean the mode of dying, e.g., heart follure, osthenia, etc. It means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:	
	Injury or complication which coused death.)		
	ANTECEDENT CAUSES (B)		
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:	
Z	UNDERLYING CONDITION LAST. (C)		
¥	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
CERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
ERT	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
	0		no
EDICAL	UNDERLYING OR CONTRIB- home, form, foctory, street, office	In or obout 22C. WHERE DID (II In Boltimore City, give exceeding, etc.) INJURY OCCUR?	ct location)
	UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.1NJURY OCCURRED	22F. HOWDID INJURY OCCUR?	
	OF INJURY WHILE AT NOT	WHILE	
	23. m. WORK AT W	VORK LJ	· · · · · · · · · · · · · · · · · · ·
	I certify that I held an Inquiry Inspection X Au	topsy and that on this basis, death in my	opinion
	resulted from: Natural courses Accident Suicid		
	ACTUAL WILM &	CHIEF MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE M.D		
	NAME (Type) Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER LJ Deputy Chief Medical Examiner	12/4/70
24/	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY		, ar county) (State)
1	Supial Dec 8 /70 Western	Stork Coronsville	1110:
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNEDAL DIRECTOR	ODRESS MILL
	DECY WAR QUAR ZQ TO	Milliam From hal Home	3/9 Y/ LAMMY SOLL
VS	151-REV. 1/1/68		The state of the s



9	RALTIMORE CITY HE	ALTH DEPARTMENT CERTIFICATE OF DEATH REG. P	70 11829
BIR	TH NO.	REG. 1	NO
1. 1	NAME OF DECEASED	2. DATE Known Month Doy	Year Hour
(TAE	or Print) Talbott Russell	OF SHALL	ence de la la la la la la la la la la la la la
4 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Year Hour
	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	
HO	SPITAL ADDRESS OR LOCATION)	12 4	70 '10:00 ам.
OR	NOITUTION	5. USUAL RESIDENCE (Where deceased lived. If Instit	
1	556 W. Mosher St.	A. STATE B. COUN Maryland	1402
6. 5		· · · · · · · · · · · · · · · · · · ·	E CITY LIMITS?
	nale colored WIDOWED. DIVORCED	Baltimore	YES V NO
9. [DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.	E. STREET AND NUMBER	
L	760,23,1843 76	556 W. Mosher St.	
11.	BIRTHPLACE (State or, foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
1	The fautounity?	HONING Tolenic	
100	USUAL OCCUPATION (Give kind of work! 148. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
	dyring mostor working life, even if refired)		
	Laborer	Lucy Kussell	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL , no grunknown)((if yes, give war or doles of service) SECURITY, NO.	18. INFORMANT	ADDRESS
(141	V45 W.W. 1	Alventer JONES 550	11/08/11/ST
	79. CAUSE OF DEA		APPROXIMATE INTERVAL
1	410141		BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY Arterio	sclerotic cardiovascular dis	ease
	LEADING TO DEATH	AUSE	cusc
	This does not mean the made of dying, e.g., heart lailure, asthenia, etc. Il means the disease,	AS A CONSEQUENCE OF:	
	injury or camplication which coused death.)		
	ANTECEDENT CAUSES (8) DISEASES OF CONDITIONS IS ANY CHARGO	AS A CONSEQUENCE OF:	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
2	UNDERLYING CONDITION LAST.		
Q	11		
V	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	AC OFFICABLED	124 ALIZORSUS (Ven es Ne)
闽	200. CONDITION FOR WHICH OPERATION W	O PERFORMED	21. AUTOPSY? (Yes or No)
			no
EDICAL		In or about 22C. WHERE DID (Il in Boltimore City, give	e exact location)
ă	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	Bldg., etc.) INJURT OCCUR?	
	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F, HOW DID INJURY OCCUR?	
	OF INJURY WHITE AT NOT	WHILE	
	m. WORK AT W		
	23.		
	I certify that I held on Inquiry Inspection X Au	topsy and that on this basis, death in	my opinion
	resulted from: Natural causes 🔀 Accident 🗌 Suicid	e Homicide Undetermined mann	ner 🔲
		CHIEF MEDICAL EXAMINER	
	ACTUAL //// ACTUAL	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE M.D		
	EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	12///70
	NAME (Type)	eputy Chief Medical Examine	
	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION City.	town, or county) (State)
1	3) N. 21 12/9/19/10 Balto Ma)	inus/Com lan /Ya	11/1/
25	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNIRAL DIRECTOR	ADDRESS (X
25	200	Of the DIRECTOR	/ MUKESS
	DEC7 1970 Robert E. Jacken M. a.	MINIA WI HILADING H	and 319 1/ Salaraly
1	BEAL MODELL IN ANTERIOR	Maranta de la compania del compania del compania de la compania del compania del compania de la compania del	

VS 151-REV. 1/1/68



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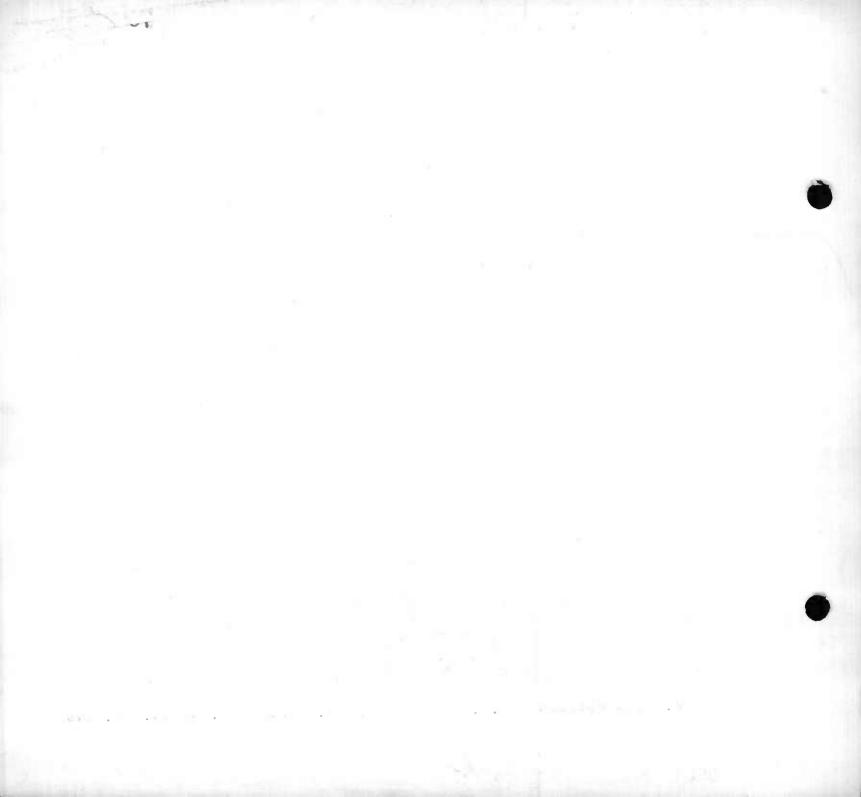
DIRECTOR:

FUNERAL

Record from Union Memorial Hospital 12-7-70 M.H.

Such

11 050 70	A A O O A BAT	LTIMORE CITY HE	ALTH DEPARTMENT		MO 44094
BIRTH NO.	11831 CE	RTIFICATI	OF DEATH	REG. NO	70 11831
Type or Print)	24 /1	2 cha	2. DATE AN	D HOUR OF DEATH	1120,
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DI	EAD 4.	USUAL RESIDENCE (When	e deceased lived. If in	stitution residence before admission
HUSPITAL OR ADDRESS OR LOC	ITAL OR INSTITUTION, GIV	VE STREET	Md. B. COUN		906
INSTITUTION	2 0 3		Baltimor		YES P NO
10 Henrye We	iskingland le	end to E.	STREET AND NUMBER	ath, St	reet
5. SEX 6. RACE / Y	7- MARRIED NEVER	MARRIED 8.	DATE OF SIRTH	AGE (In years	If Under 1 Yr., If Under 24 Hrs
111918 1101-White		OIVORCED 🗌 🔾	ept 24 1885	87	Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of wo	rk 108, KIND OF BUSINESS	OR INDUSTRY 11.	PRTHPLACE (Stole or foreign	gn countryl	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME			Hewbury	S.C.	145H
Mark	Vaughn	14.	MOTHERS MAIDEN NAM	AE C/a	X
5. Was Deceased Ever in U. S. Armed For Yes, no or unknown) (If yes, give wor or do	les of service) 1 6. SOCIA	AL 17.	INFORMANT	1	ADDRESS
	348-	46-889A	Chart -	607 10	ennA. Cae.
18. 4/24/1		JSE OF DEATH	/ 2		APPROXIMATE INTERVAL
DISEASE OF CONDITION D		THEW	C NORKA	loschele	SIS IM
(This does not meen the mode of heart foilure, asthenia, etc. It mean	d dving. e.g.,	DUE TO, OR AS A CO	ON SEQUENCE OF	<i>b</i>	yas.
injury ar camplication which cause	d death.)	ARTERI	OSCLEKO	tic	_ /
ANTECEDENT CAUSE	(B)	CAR	SIAC.	DISEASE	=
DISEASES OR CONDITIONS, if rise to the abave cause (A)	any, giving	DUE TO, OR AS A C	ONSEQUENCE OF:		************************************
UNDERLYING CONDITION last.	(c).	***************************************		***********	
OTHER SIGNIFICANT CONDITIONS CO					
OTHER SIGNIFICANT CONDITIONS CONTINUES TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	THE TERMINAL	*************************			
19A. DATE OF OPERATION 19B. CO	NDITION FOR WHICH OF	ERATION	20A. AUTOSSY2-(Yes or No)	208 IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B PLACE OF home, form, for	INJURY (e.g., in or clory, street, office	obout 21 C. WHERE DID bldg., INJURY OCCUR?	(If In Boltimor	e City, give exoci location)
OF INJURY (Month) (Doy) (Year)			21 F. HOW DID INJU	RY OCCUR?	
(APPROX)	While At	Not While L		_	
22. I certify that (1) (this hospita		ed from	1-20-1	2010 /	2-6 1970
that (1) (we) last saw the deceas		-3-		t Irt(my) (our) opin	nion death accurred an the dat
and have and from the causes sto	ited abave (II)(We)(dir	d)(did nat) view	the bady after death.		
23A. SIONATURE	9 1 11	Attendin	Med. I		23B, DATE SIGNED
BC-PHYSICIAN'S	your for	OEGREE Phys.		Staff D	12-6-10
NAME (Type)			ADDRESS		
Dr. RichardTyso	M.D.	OEGREE 9	36 W. North	Ave. Balt	ly, town, or county? 12 (Stotel
REMOVAL (Specify)	2001	aule	in A	Sack	ly, lown, or county
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRA	AR	25C. FUNERAL DIRECTOR		ADDRESS
DEC 7 1979 Robert E.	Falley M.D.		West with	a Con	My co
VS 150-REV. 1/1/68					



IMPORTANT

DIRECTOR:

FUNERAL

13436

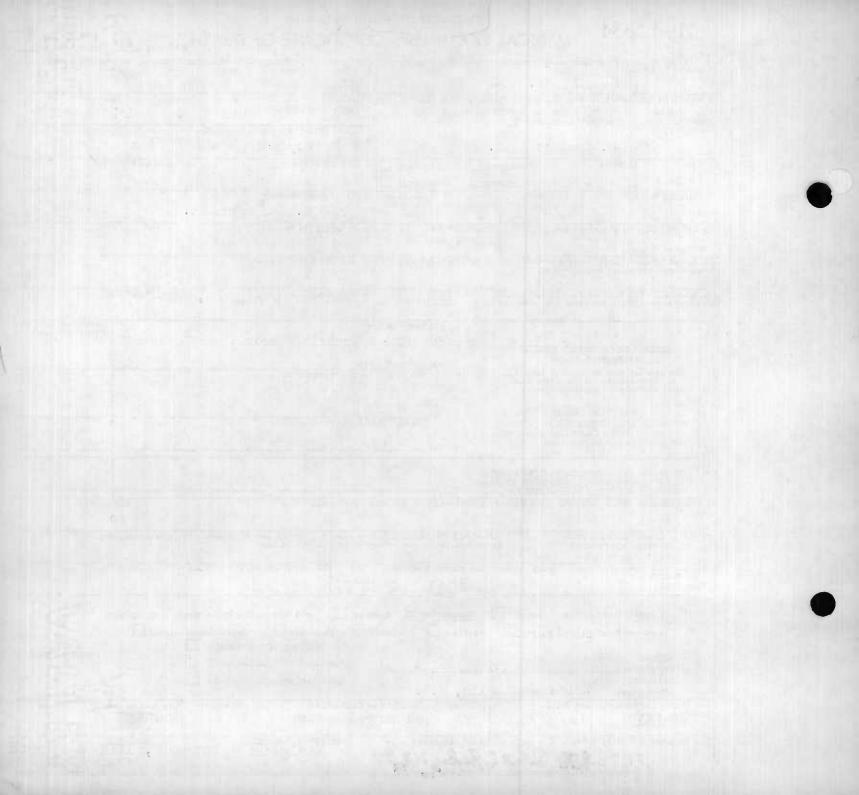
MEDICAL	EXAMINER'S	CERTIFICATE O	F DEATH	70	118

	70 1	1833	MEDIC		BALTIMORE CITY HE					171	4192	2
DIDT	NO.	7(5.3.7	MEDICA	AL EX	XAMINER'S	LEKIIF	ICATE OF	DEAT	H REG. NO.	10	1183)
1. N	AME OF DE	CEASED	SHELTON	DIITT.	TD (4	2. DATE	Known 🗋	Month	Doy	Yeor	Hour	
(Type	or Print)	SHELDO	N BULTER	DUIL	1	OF DEATH	Estimoted					M.
4. PL	ACE IN BA	LTIMORE, MA	RYLAND, WHERE	PRONC	DUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	100
	NAME OF	(IF NO	TIN HOSPITAL OR I	NSTITUTI	ON, GIVE STREET 7	PRONC	DUNCED DEAD	Decem	ber 1,1	970	1:45	5 P.M.
OR IN	CER	TILI	GENERAL H	OSPI	MENDEL	6. USUAL A. STATE	RESIDENCE (When		B. COUNTY	residence	before admiss	ion)
6. SE	Х	7. RACE	8. M	RRIED	NEVER MARRIED	C. CITY O			D. INSIDE C	TY LIMITS?		-
M	ale	Negr		OWED [Ba1	timore		Y	ES 🗆	NO 🗆	
9. DA	TE OF BIRT	ห่	lo. AGE (In years last birthday) 36	H U	nder I Yr. If Under 24 Hrs. ths Days Hours Min.		AND NUMBER					
11 BI	RTHPLACE	State or foreig			CITIZEN OF		Eutaw Pla	ice				
		Caro			WHAT COUNTRY?	-						
14A.U					JA		rnest B	utler				
done d	Labor	working life, ev	en if retired)		BUSINESS OR INDUSTR	To	ssie Aut	2017				
	AS DECEAS	ED EVER IN	U.S. ARMED FOR		17. SOCIAL	18. INFOR		1.7	A	DDRESS		
(Yes, r	o or unknown	(If yes, give	var or dates of sen	ice)	245-02-397	Mer	s Lessie	Bu+1	027			
19	· 500 C	1112			CAUSE OF DEA	TH	o messire	DUOL			PPROXIMATE INT	
	DICEAG	E OR COND	TION DIRECTLY		Multip	le Tra	umatic Inj	iuries		BEI	MEEN ONSEL AN	ID DEATH
	DISEAS	LEADING TO	DEATH		(A)IMMEDIATE							
	(This does a	nol mean the	mode of dying, e.	0-			QUENCE OF:					
	injury or ca	mplication whi	ch coused death.)	,								
ш	A	NTECEDENT	CAUSES		/R)							
ш	DISEASES	OR CONDITI	ONS, IF ANY, GIVI	NG	DUE TO, OR	AS A CONS	EQUENCE OF:					
2	UNDERLY	NG CONDIT	ION LAST.	INE	(c)							
[흔]			П									•
CERTIFICATION	TO THE DE	ATH BUT NOT	NOMINONS CONTRI	RMINAL								
E 20			GIVEN IN PART 1		WHICH OPERATION W	AS PERFOR	MED			21. AUT	OPSY? (Yes o	r No)
Ö,	21										yes	
0.51		NAL CAUSE		22B.	PLACE OF INJURY(e.g., e, farm, loctory, street, office	in or obout	22C. WHERE DID	(If In Baltimo	re City, give exc	ct location)	1.1	
		ON CON LUSE OF DEA (Month)	TH.		Street 2E.INJURY OCCURRED	o bidg., etc.)	North and	Bolto	n Street		401	
(APPROX.)	11-29-7		V	WHILE AT THE NOT	WHILE X	Pedestria			ar		
2.		tify that I h	eld an Inquir	,	Inspection Au	topsy X	and that on t	this basis	death In my	onlales		
			atural causes		ccident Suicid		lomicide		ned manner	_		
	resul	Teu Irum:	final causes L		ecident	40 [_]	CHIEF MEDICAL		ned manner (
	ACTUAL		el VI	1/2m	IL	ASC	SISTANT MEDICAL		X		DATE SIGN	IED
	SIGNAT	URE RO	nald N. Ko	ornh I	ım M D).	OCIATE MEDICAL			12/2/	70	
	NAME (TO IN IN	LIL	Louis Light .	ASS	OCIAIE MEDICAL	EAAMHVEK		1-1-1		1
24A. REM	BURIAL CRE	MATION.	12/7/70		Mt Pleasan			Clinto	on, No	rth		
25A.	DATE REC'D	BY HEALTH	DEPT. 258		OF REGISTRAR		FUNERAL DIRECT			DDRESS	4.5	
		DEC7			L. Labor, M.D.		dolphus				Nort	h Av
VS 15	1-REV. 1/1/6	8 A / B								· · · · ·	The second	14 4

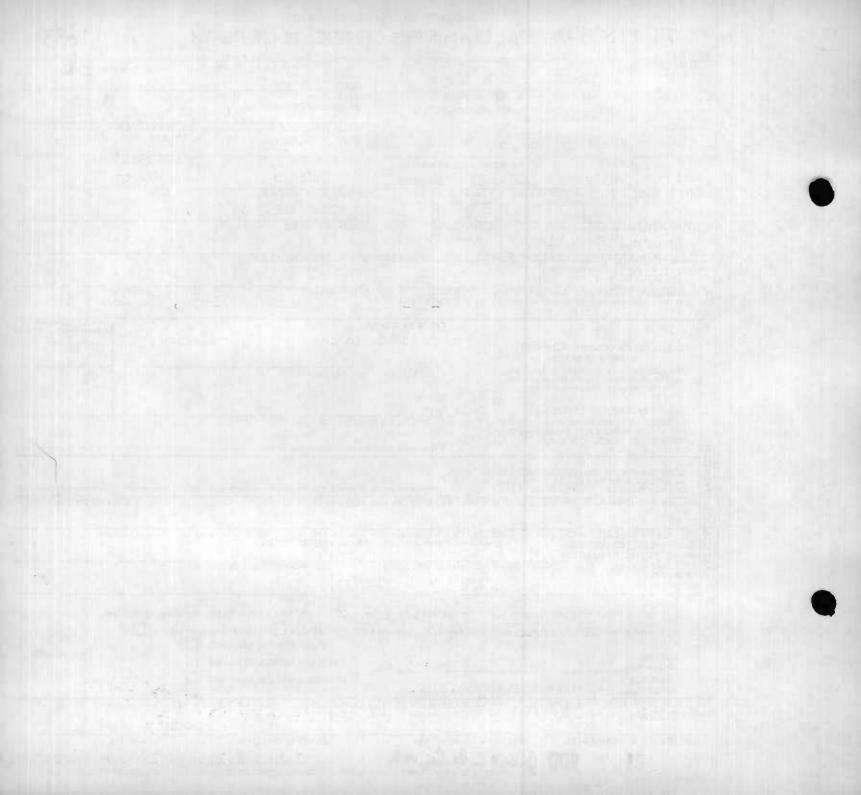
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TH DE		70	1	4	834	
BE DEC	NO.		-10	4	672746	

BALTIMORE CITY HE	ALTH DEPARTMENT
70 11834 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 11834
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Day Year Hour
ROTH M. CHEW	DEATH Estimoted L. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD 11 30 1070 6.55 p
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	11 30 1970 · 0.33 P _{M.}
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Monare Land B. COUNTY
1045 W. Lexington St.	Maryland B. County /8/)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
female negro widowed Divorced	Baltimore YES NO
9. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. II Under 24 Hrs.	
lost birthday) Months, Days, Hours, Min.	1045 W. Lexington St.
11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT GOUNTRY?	
Maryland 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? [17. SOCIAL	18. In armaniret Kimble, SameAddress
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Margaret Kimbie, bame
19. Z. I A A A CAUSE OF DEA	APPROXIMATE INTERVAL
	& arteriosclerotic cardiovascular disease
DISEASE OR CONDITION DIRECTLY	a alteriose electe caratovas carata
LEADING TO DEATH (A)IMMEDIATE (A)IMMEDIATE	CAUSE
(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. it means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
infully of complication which coosed depth.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:
Z UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	no
3 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.	in or about 22C. WHERE DID (II in Boltimore City, give exact location)
UNDERLYING OR CONTRIB- home, form, loctory, street, offi	e bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Dov) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	WHILE
23.	VORK U
I certify that I held an Inquiry Inspection X A	stopsy and that an this basis, death in my opinion
	de Hamicide Undetermined manner
Accident La Solici	CHIEF MEDICAL EXAMINER
ACTUAL And Palmi	DATE SIGNED
SIGNATURE. January 1. M.	ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER
EXAMINER'S NAME (Type) Isidore Mihalakis, M.D.	ASSOCIATE MEDICAL EXAMINER 12-1-70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
REMBYAL (Sacrify) 12/6/70 Mt Calvar	ry Cemetry A A County M
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR ,	Lace Filairnas piperton
	25C. FUNERAL DIRECTOR ADDRESS W North
DEC 7 1970 Pakes E. Jakes M. 1	Adolphus Halstead , 1206 W North



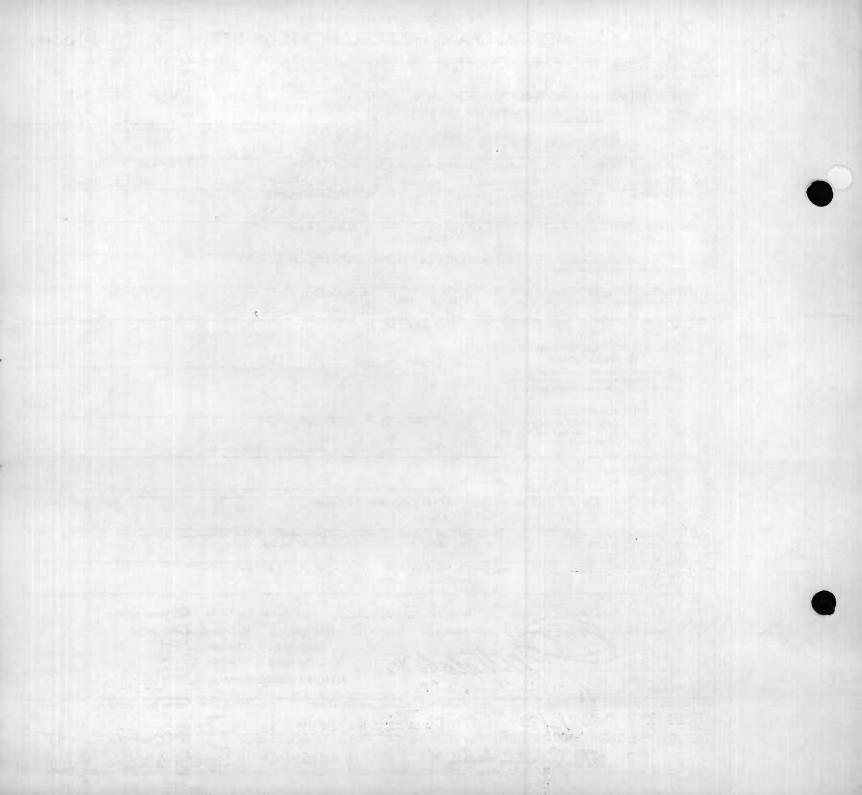
BIS	70 .	1.1835 MEI	DICAL	EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO	70 1	1835
1.	NAME OF DEC	EASED CHARLES	STA MI	FV	2. DATE OF	Known 🔲	Month	Doy	Year	Hour
-	DI ACE INI RAI	TIMORE, MARYLAND,			DEATH 3. DATE	Estimoted 🗆	Month	Day	Year	M. Hour
FUI	L NAME OF			TITUTION, GIVE STREET	PRONO	UNCED DEAD	11	20	1970	5:30 P M.
OK	J	University H	ospita	1 (DOA)	A. STATE	Maryland		B. COUNTY	on: residence	before admission)
6.	male	7. RACE white	8. MARI	RIED NEVER MARRIED NEVER DIVORCED	C. CITY OF	timore		D. INSIDE	[42]	по □
9.	DATE OF BIRTI	10.AGE	in yeors oy)	H Under 1 Yr. II Under 24 Hrs. Months : Doys : Hours : Min.		Washingt	on Blv			
11.		tate or foreign country) N Caroli	na	12. CITIZEN OF WHAT COUNTAY?	13. FATHER	'S NAME			????	
14A don	USUAL OCCU	PATION (Give kind of wor rorking life, even if reitred OYEQ.	14B. KIN	OF BUSINESS OR INDUSTRY	Mol		WE			
16.	WAS DECEASE	ED EVER IN U.S. ARMI	D FORCE	17. SOCIAL 240 16-60	18. INFOR	s Marry S	tanl	ey , P	BOX	368 Md
ERTIFICATION	heart Joilure Injury or con AT DISEASES (RISE TO THE UNDERLYIN OTHER SIGN TO THE DEA	ot meen the made of c, asthenio, etc. it meens the pilicellon which coused do NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) ST. ABOVE CAUSE (A) ST. III IFICANI CONDITIONS (B) III IFICANI CONDITIONS (A) THE BUT NOT RELATED TO ASSETT AND ASSETT A	e disease, eath.) IY, GIVING ATING THE	(B)	AS A CONSEC	QUENCE OF:				
CERTIF		CONDITION GIVEN IN		FOR WHICH OPERATION W	AS PERFORA	AED				PSY? (Yes or No)
EDICAL	UNDERLYING	NAL CAUSE WAS		22B. PLACE OF INJURY (e.g., home, farm, loctory, street, offic	in or about 2 e bidg., etc.)	22C. WHERE DID NJURY OCCUR?	(If In Baltimo	re City, give e		, , ,
ME		USE OF DEATH. (Month) (Day) (Ye	ar) (Hou	WHILE AT NOT	WHILE WORK	22F. HOW DID IN	JURY OCC	UR?		
		ER'S (ype) Isidor MATION, 248, DAYE	2	Inspection Au Accident Suicide Mulliman M.D. alakis, M.D. 24C, NAME of CEMETERY	ASS	CHIEF MEDICAL I ISTANT MEDICAL I DCIATE MEDICAL I	Undeterm EXAMINER EXAMINER	Ined manner	11-21) (State)
		EC 7 1970		NAME OF REGISTRAR BE C. Jaben M. A.	,)	dolphus		Brigani	ADDRESS	North A



70 11836

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 70 11836

BIE	RTH NO.									REG. IVO.			
	NAME OF DEC	EASED		(3.7.40			2. DATE	Known 🔲	Month	Doy	Yeor	Hour	
(1A)	pe or Print)	L(ORRA IN	E HOW	ARD	4	DEATH	Estimoted [М.
4.	PLACE IN BAL	TIMORE, MA	RYLAND,	WHERE P	RONOU	NCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
FUI	L NAME OF	(IF NO	TIN HOSPIT	AL OR INS	NOITUTIT	, GIVE STREET	PRONOI	INCED DEAD	1.1.	1.6	1970	1:45	рм.
OR	INSTITUTION	ADUKE	33 OK LOC	allow)			5. USUAL R	ESIDENCE (Whe				The second second second	-
1	10	2005 Mc	Cull	oh St			A. STATE	Maryland	1	B. COUNTY	16	11	
6	SEX	7. RACE	Gull				C. CITY OR		1	D. INSIDE CI	TY LIMITS?	College College	
1						NEVER MARRIED							
	female	negro			WED L	DIVORCED		altimore		YI	s X	ио Ц	-
y, 1	DATE OF BIRTI	н	10. AGE (n yeors	Months :	r i Yr. If Under 24 Hrs. Doys : Hours : Min.							
			45					Mc Cullo	h St.				
11.	BIRTHPLACE (S	tote or foreig	n country)			ZEN OF AT COUNTRY?	13. FATHER	SNAME					11111
					WH	AI COUNINT?					?		
14A	USUAL OCCU	PATION (GIM	e kind of worl	148. KIN	OF BUS	INESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN N	AME	-			
don	e during most of w	orking lite, ev	en Wretired)								?		
16.	WAS DECEAS	ED EVER IN	U.S. ARME	D FORCE	52 [17	. SOCIAL	18. INFOR	MANT		Al	DDRESS		
	s, no or unknown)					SECURITY NO.	Mr Lec	Mack	same				
-	19.	- A				CAUSE OF DEA		7 110,010	Damo		LA	PPROXIMATE IN	TERVAL
	34	5171				CAUSE OF DEA	un					YEEN ONSET A	
	DISEAS	E OR COND	MON DIR	CTLY									
		LEADING TO				(A)IMMEDIATE	CAUSE	Epiler	sy				
	(This does n	ol mean the , ostherio, etc.	mode of d	ying, e.g., e disease.		DUE TO, OR	AS A CONSEQ	UENCE OF:					
н	injury or con	nplication which	ch coused de	oth.)									
		HECEDENIT	CAHEEC			4-4							
		OR CONDITION		y. GIVINO		DUE TO, OR	AS A CONSE	QUENCE OF:					
	RISE TO THE	OR CONDITION	USE (A) ST	TING THI									
Z	UNDERLYIN	IG CONDITI	ON LASI.			(c)							
IE.			11								199		
10	OTHER SIGN	IIFICANT CON ATH BUT NOT	RELATED TO	ONTRIBU	ITING AINAL								
픋	DISEASE OR	CONDITION	GIVEN IN I	PART I (A)-								
CERTIFICATION	20A. DATE OF	OPERATION	1 20B. CO	NOITION	FOR WI	HCH OPERATION W	AS PERFORM	LED			21. AUTC	OPSY? (Yes o	r No)
0	2										yes	3	
IΞ		NAL CAUSE			228. PLA	CE OF INJURY (e.g.	In or obout 2	2C. WHERE DIE	(If in Boltime	ore City, give exc	ct location)		-
ă	UNDERLYING UTING CA				home, to	rm, loctory, street, offi	oe bidg., etc.)	NUKY OCCUR					
Z			oy) (Yes	r) (Hou	r) 22E.	INJURY OCCURRED	2	2F. HOW DID I	NJURY OCC	UR?			
	OF INJURY (APPROX.)				WHII	EAT NO	WHILE						
	23.				m. WOI	RK L AT	VORK						
		Ify that I h	eld on	Inquiry	T 1.	aspection A	topsy X	and that an	this basis	death in my	ontaion		
											-		
	result	ted from H	otural ca	DE OF	Acc	dent Sulci		omicide L		ined manner L			
	ACTUAL	1		1	1	- 1-		CHIEF MEDICAL		=		DATE SIGN	NED
	SIGNATI			On	110	Mulle Den	ASSI	STANT MEDICA	LEXAMINER	K			
	EXAMIN	FRIS	1	(11 1	1-1-	W D	ASSC	CIATE MEDICAL	EXAMINER		17 70		
_	NAME (1	16-1	dore l	Minal							17-70		
	A. BURIAL CREA	4.3	48. DATE		24C. I	NAME of CEMETERY	or CREMATO	RY 240	LOCATION	(City, town	, or county) (Stot	e)
1	BOYAL (STeel	.,,	12/7/	70	M	Calvar	Ceme:	Try A	A C	'011n+	71/12		
25	A. DATE REC'D	BY HEALTH	DEPT.	25B. I	NAME O	F REGISTRAR		FUNERAL DIREC		ounty	DDRESS		
						ley M.D. F	1					N	
-	DEC	(13/	UVG	HE C	Aures	The state of the s	A	dolphus	Halst	ead 120	06 W	Nort	h Ay
VS	151-REV. 1/1/6	8											-



11000	ALTIMORE CITY HE			DEAT		70 1	1837	
70 11637 MEDICAL EX	AMINER'S	LEKTIFIC	LATE OF	DEAT	H REG. NO.			
I. NAME OF DECEASED (Type or Print) Sylvester Jack:	son	2. DATE OF DEATH	Known Estimated	Month 11	27	Year 70	6:35	а _{м.}
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU		3. DATE		Month	Doy	Yeor	Hour	m.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) OR INSTITUTION	N, GIVE STREET		NCED DEAD	11	27	70	6:35	М.
1421 Ashland Ave	nue	A. STATE /	SIDENCE (Mile)		B. COUNTY	10	00	2
6. SEX 7. RACE 8. MARRIED Market Negro WIDOWED	NEVER MARRIED	c. city or Ba1			D. INSIDE C		ио 🗆	
9. DATE OF BIRTH 10. AGE (In years If Unde	or I Yr. II Under 24 Hrs. Doys Hours Min.		ND NUMBER 421 Ash1	and Ave			140	
	IZEN OF	13. FATHER'	ie Jack:	son				1 86
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BU	SINESS OR INDUSTRY		ie Gibs			1		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service)	7. SOCIAL SECURITY NO.	Mrs	Thelma	Jackso		DDRESS	lina	
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UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E	ACE OF INJURY (e.g., arm, loctory, street, office injury occurred NOT NOT RK	e bidg., etc.) ii	2C. WHERE DID JURY OCCUR? 2F. HOW DID IN			act location)		
I certify that I held on Inquiry resulted from: Natural couses X Acc ACTUAL SIGNATURE EXAMINER'S Peter Lipkovic, NAME (Type)	Inspection Au cident Suicid	topsy XX le Ho ASSI	ond that on micide	Undetermi EXAMINER EXAMINER	ned manner		DATE SIGN	/70
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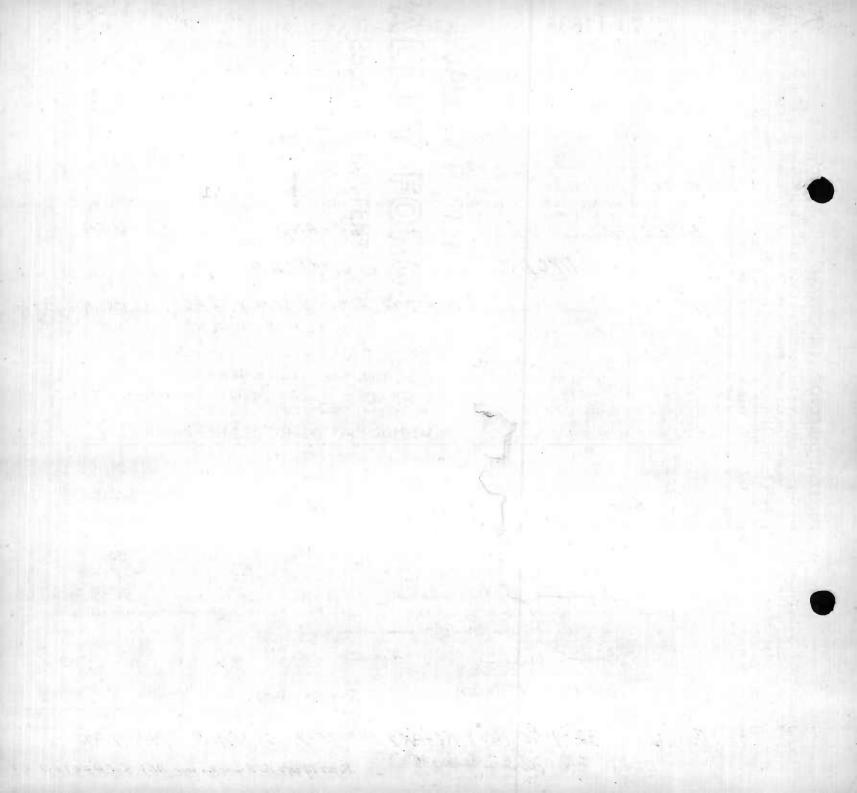
BALTIMORE CITY HEALTH DEPARTMENT 11838 CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ANNA KOCON DECEMBER 4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD BALTIMORE CITY MARYLAND FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? BALTIMORE THE JOHNS HOPKINS HOSPITAL NO E STREET AND NUMBER 237 S. WASHINGTON STREET 5. SEX B. DATE OF BIRTH 9. AGE (In years 6. RACE II Under 1 Yr. If Under 24 Hrs. 7. MARRIED NEVER MARRIED lost birthdov Hours FEMALE WHITE 6-6-99 WIDOWEDXX DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired? USA 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed 6. SOCIAL ADDRESS (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl failure, asthenio, etc. Il means the diseose, SEPTICEMIA, ACUTE RENAL injury or complication which coused death.) ANTECEDENT CAUSES (B) RAILORE CONG.
DUE TO, OR AS A CONSEQUENCE OF: HEART FAILURE DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the 10 COMMON PUCT STONE + PANKREATITLE UNDERLYING CONDITION lost 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED NOOSE NONE 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) NO MEDICAL DEATH (notify medical examiner) NO 21F. HOW DID INJURY OCCUR? 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED "NO While At Not While r (APPROX.) NO At Work 12-4 19 70 22. I certify that (1) (this hospital) attended the deceased from 12 - 5 19 70 that (last saw the deceased olive on ... and that in (my) (ear) opinion death occurred on the date and hour and from the couses stated above. (1) (40) (41) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Staff Phys. Mad 12-5-70 Director L 23D. ADDRESS 23C. PHYSICIAN'S STEVEN TOHNS 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)

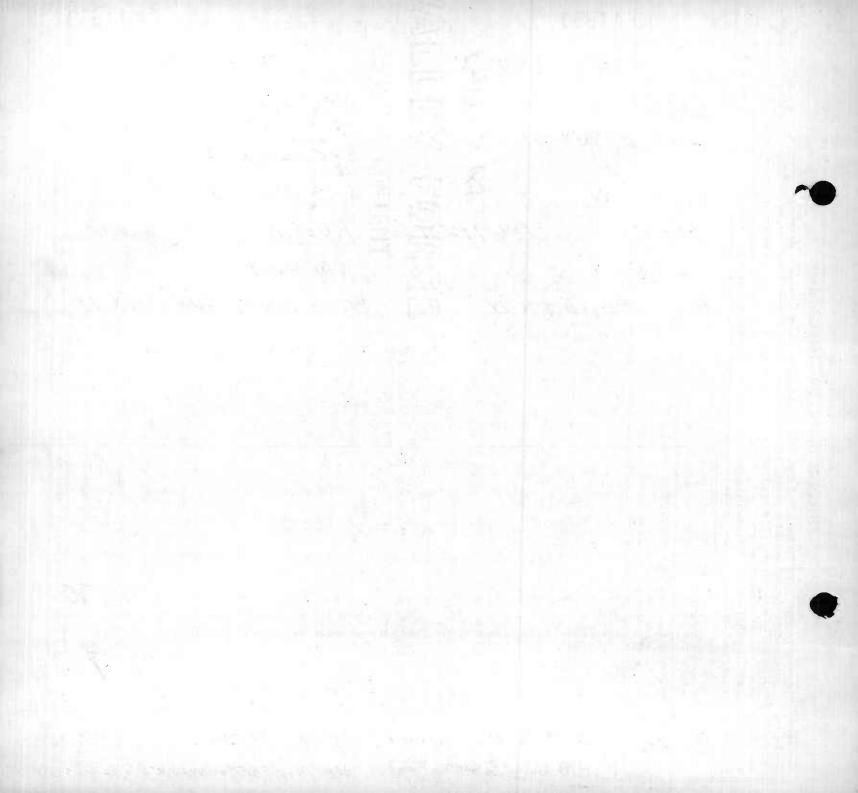
2SC. FUNERAL DIRECTOR

258. NAME OF REGIS

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VS 150-REV. 1/1/68





BIRTH NO. 70 11840				30463 4 4 0 8 0
	CERTIFICA	TE OF DEATH	Registered No	. 70 11840
M.E. CASE NO.	CERTITICA			
Type or Print)			AND HOUR OF DEATH	
JULIU	S L. CRANDLE		6/70	· · · · · · · · · · · · · · · · · · ·
B. PLACE OF DEATH IN BALTIMORE, MAR	YLAND	4. USUAL RESIDENCE (WI		institutian: residence before admissio
FULL NAME OF (If nat in hospital or address or location) INSTITUTION	r institution, give street	Maryland	33: 4 A	RURAL and give fownship)
2880 W. Baltin	more Street	Baltimore D. STREET ADDRESS	If rurol, give location)	
		2880 W. B	altimore S	Street
SEX 6. RACE 7	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Separated	B. DATE OF BIRTH 9-16-27	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 H Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work)	OB. KIND OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or fo	reign country)	12, CITIZEN OF
one during most of working life, even if retired}		North Carol	ina	WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Smith Crandle		Ganava Pal-	•	
S. Was Deceased Ever in U. S. Armed Force	as? 1 6. SOCIAL	Geneva Bake	T.	ADDRESS
(es, na ar unknown) (If yes, give wor or doles	af service) SECURITY NO.			7,000,000
No		Mrs. Geneva	Crandle 2	2880 W. Balto St
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12 Sinai Hospital			land	B. COUNTY	on: residence	before odmission $5/2$
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	OWED DIVORCED		imore		YES 🗌	NO 🗆
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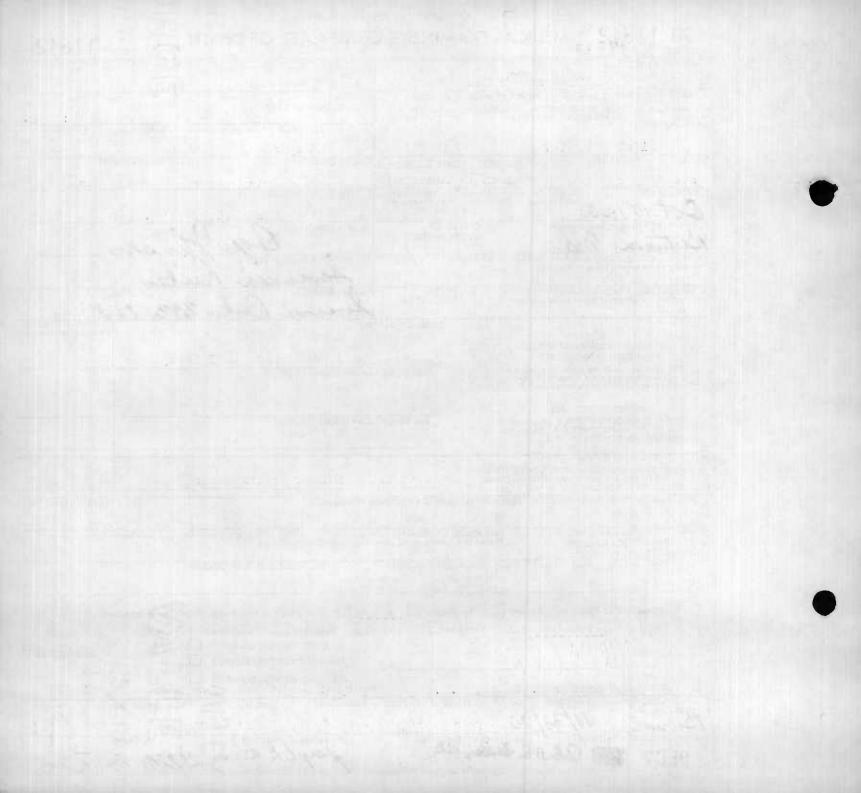
25C, FUNERAL DIRECTOR

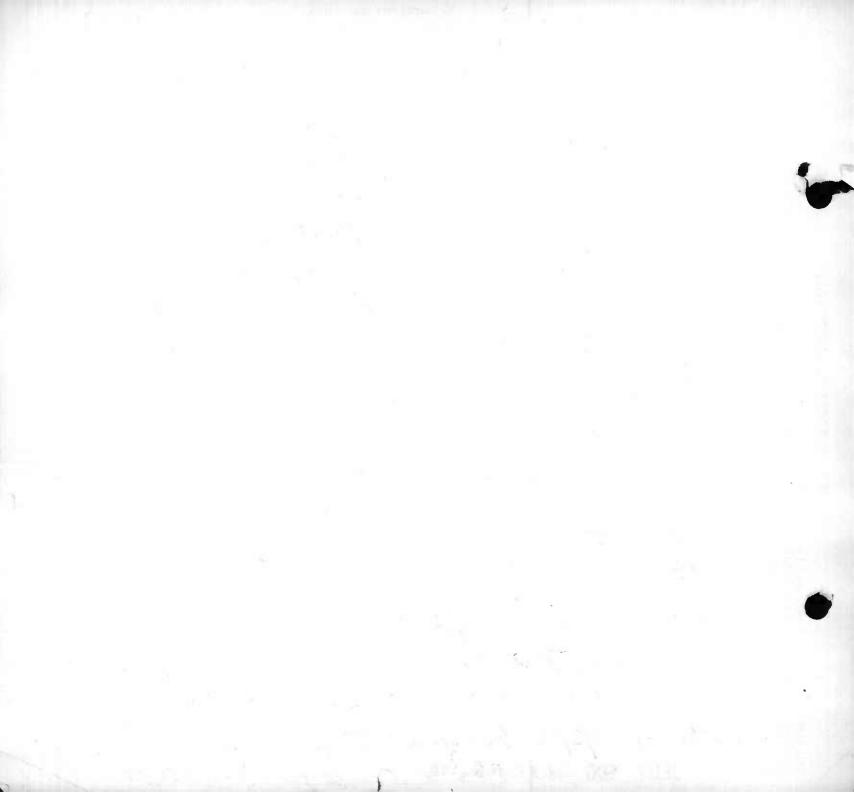
ADDRESS

VS 151-REV. 1/1/68

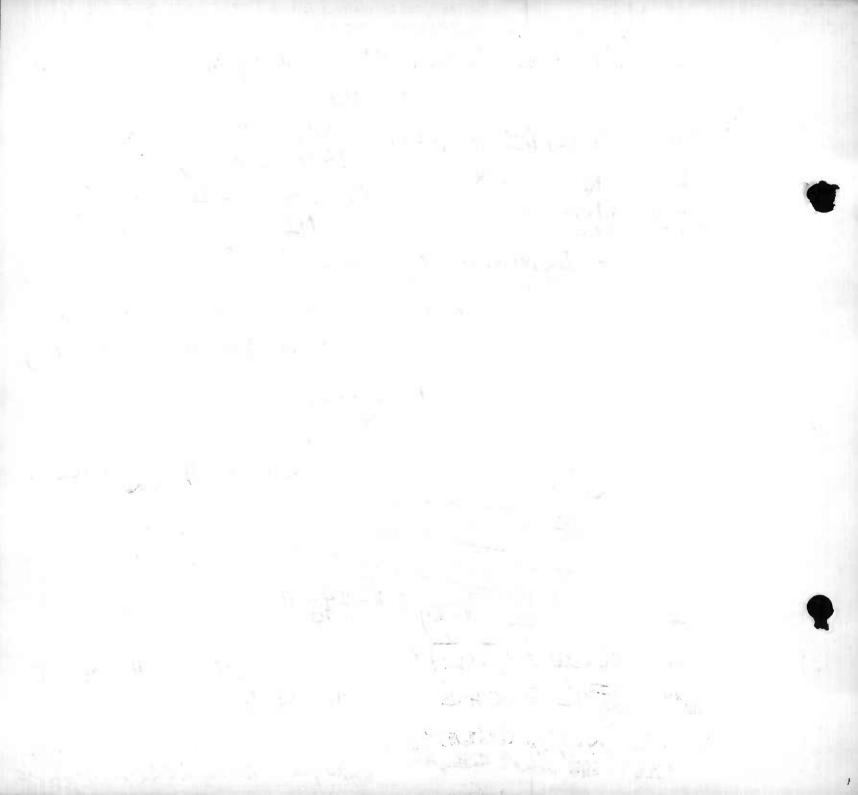
24A. BURIAL CREMATION, REMOVAL (Specify)

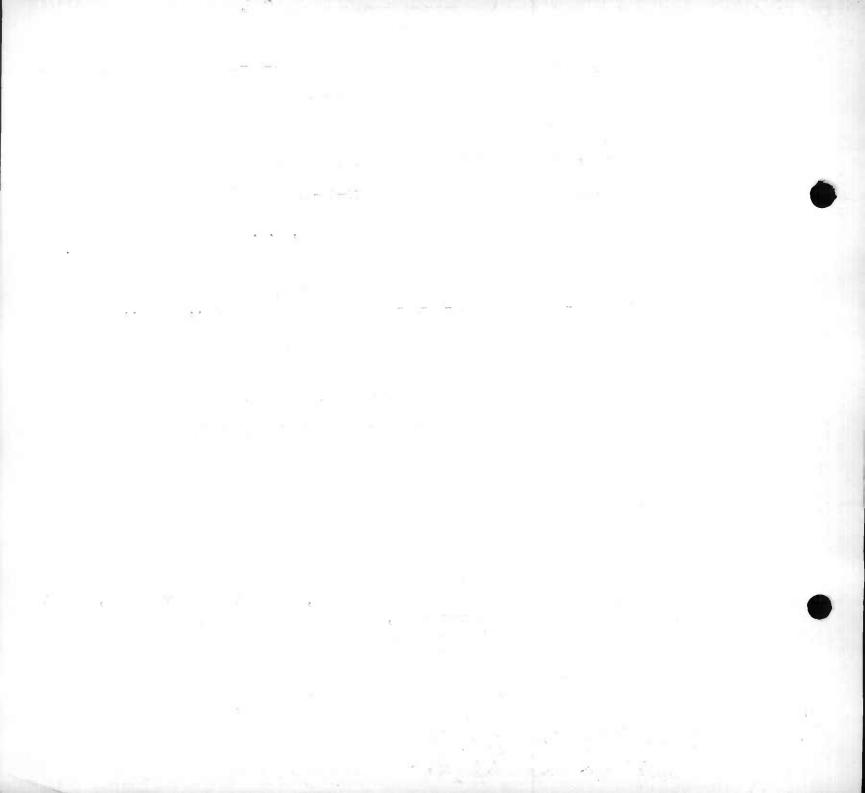
DEC7 COR CLOSE C. SAME OF REGISTRAR



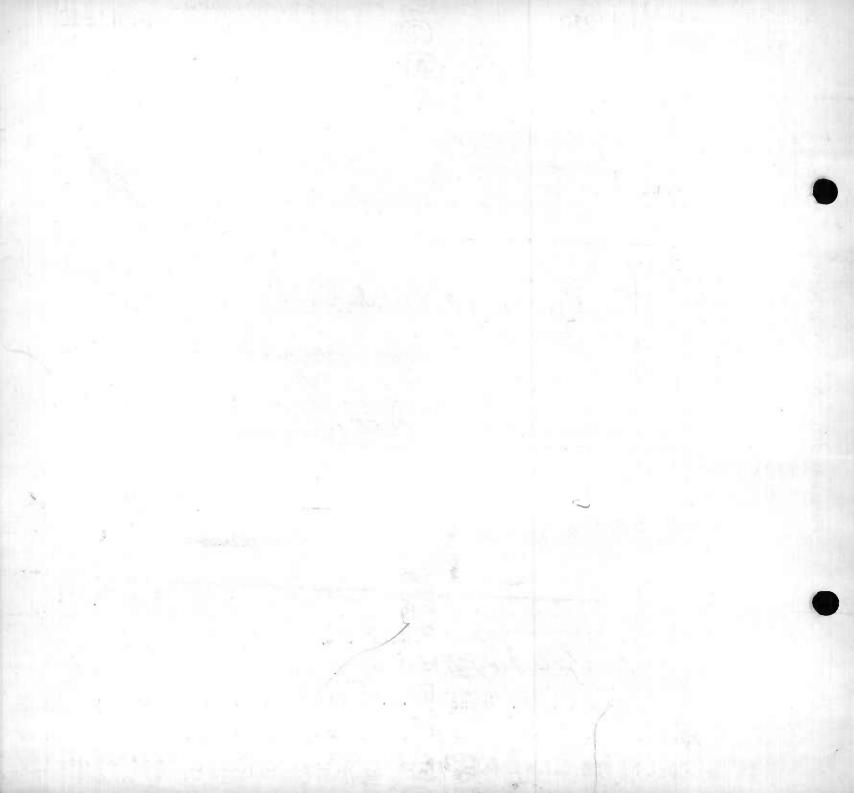


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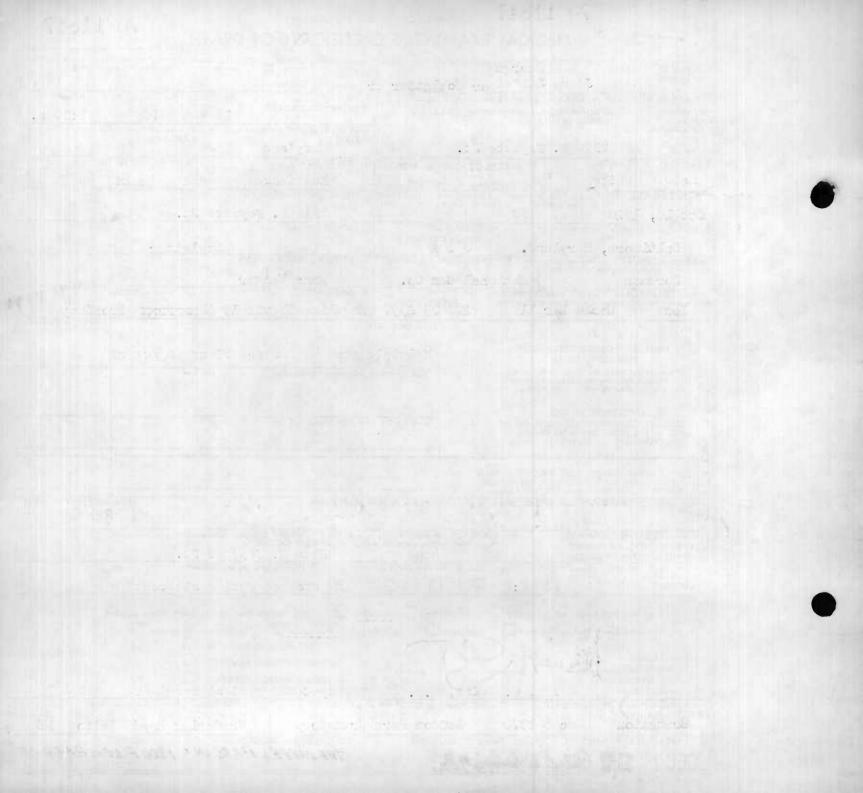


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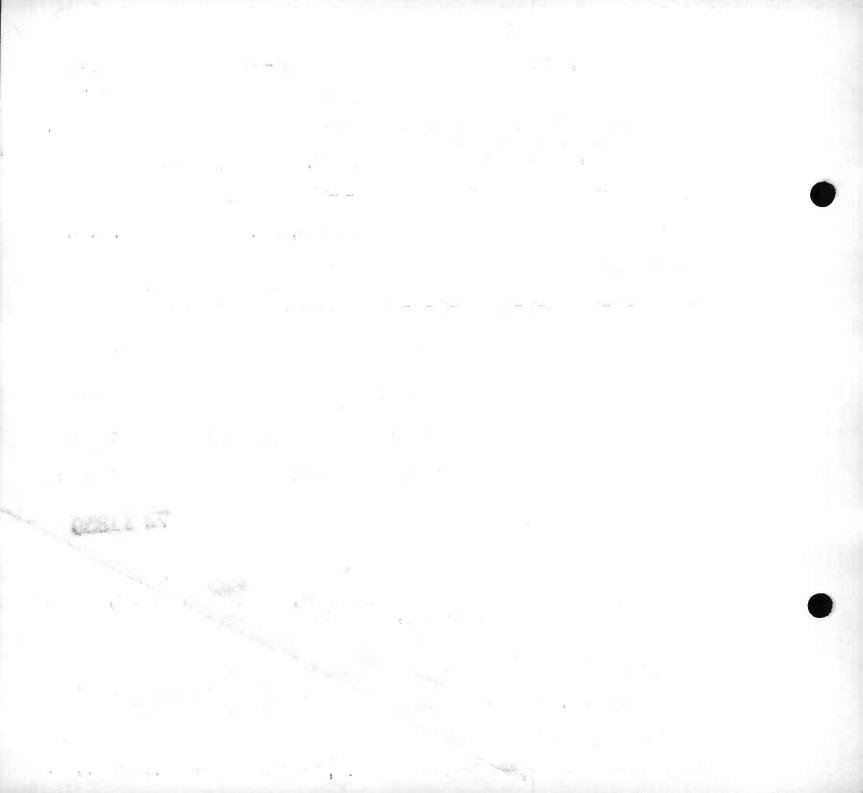


C 121 70 11847 BALTIMORE CITY HEALTH DEPARTMENT

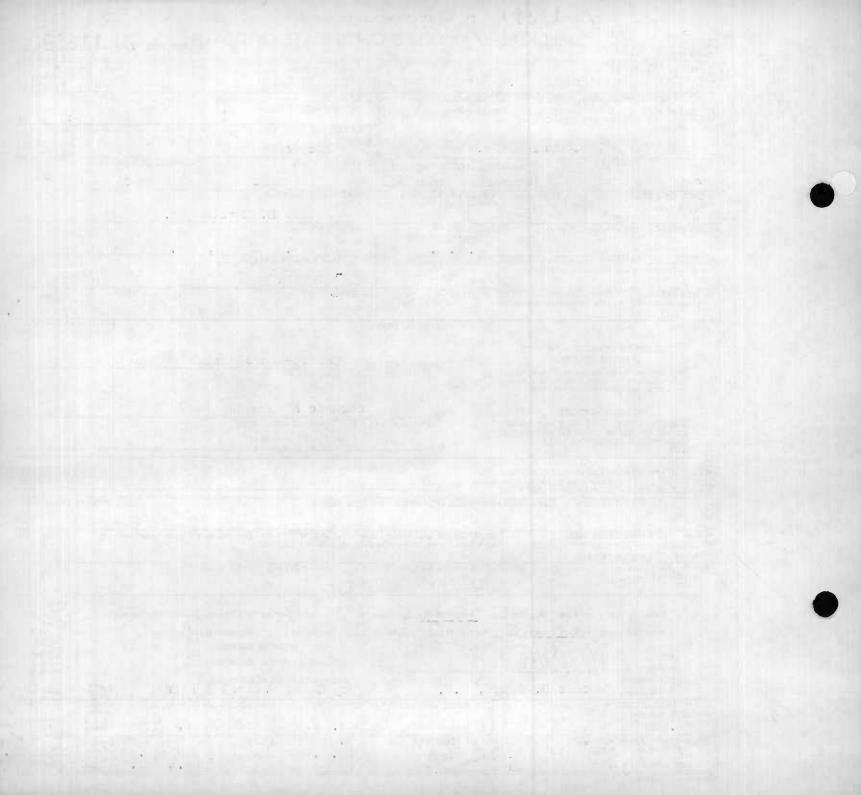
5	ノ・イン	9	MED	ICAL	EXAMINER'S C	CERTIFIC	CATE OF	DEAT	REG. NO		47			
	NAME OF DEC	FASED	G	eorge		2. DATE	Known K	Month	Day	Year	Hour			
(Ty	e or Print)			-	or Schlatter S	OF DEATH	Estimoted	241011111	Juy	1901	1001			
4.	PLACE IN BAL	TIMORE, MA			NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	М.		
FUI	L NAME OF		IN HOSPITA		JIION, GIVE STREET	PRONOU	INCED DEAD	12	4 70		9:30	а. м.		
OR	SPITAL INSTITUTION	700112					5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admis							
1	20	231	6 E. F.	ayette	St.	A. STATE	Maryland		B. COUNTY	1	20	3		
6.	SEX	7. RACE		B. MARRIE	NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?								
	male	white		WIDOWE	DIVORCED		altimore		YE:	s 🛣	No 🗆			
9. 1	DATE OF BIRTI	н	10. AGE (In lost birthdoy	yeors If	Under 1 Yr. If Under 24 Hrs. onths , Days , Hours , Min.	E. STREET A	ND NUMBER							
	et 10, 1						316 E. Fa	yette	St.					
11.	BIRTHPLACE (S	tale or foreig	n country)	12	CITIZEN OF	13. FATHER	SNAME							
L		nore, M			WHAT COUNTRY?				latter					
14A don	.USUAL OCCU eduring most of w	PATION (Give rorking life, eve	kind of work I en If relired)	4B. KIND O	OF BUSINESS OR INDUSTR			-						
-	Forem				nal Gan Co.		nna Vanke	r						
16. (Ye	WAS DECEAS: s, no or unknown) Yes:	ED EVER IN I (If yes, give_w	U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	18. INFORM				DRESS				
_	Yes	Mort	d War.		220 09 4397		na Chavis	19 N	PROPERTY.	Broa	PROXIMATE	********		
	Jun 9	661	X		CAUSE OF DEA	TH					TEN ONSET			
		E OR CONDI		TLY	Multipl	a stah	wounds an	d blun	t impact	o.fl				
		LEADING TO			(A)IMMEDIATE C	AUSE				. 01				
	heart follure,	, osthenio, etc.	It meons the	disease,	DUE TO, OR	AS A CONSEQ	UENCE OF:	ne	au					
	injuly of con	ipircotton wine	ii coused dao	,										
		NTECEDENT O			(B)	AS A CONSEC	NIENCE OF							
	RISE TO THE	OR CONDITION	JNS, IF ANY	ING THE	DUE 10, OK	AS A CONSEC	TUENCE OF:							
2	UNDERLYING CONDITION LAST. (c)													
	OTHER CLOSE		il acceptance											
CERTIFICATION	TO THE DEA	ATH BUT NOT	RELATED TO	THE TERMINA	AL									
E		CONDITION			OR WHICH OPERATION W	AS PERFORM	FD			21. AUTO	PSY? (Yes	or No)		
뜅	4			D	A THE STATE OF EXAMPLE THE	- TERTORIN				ye		,		
국	22A. EXTER	NAL CAUSE Y	WAS	122	B. PLACE OF INJURY (e.g.,	In or obout 2	2C. WHERE DID	If in Baltimor	City, give exac					
MEDICAL	UNDERLYING	OR CONT	TRIB-	ho	me, farm, foctory, street, office home	e bldg., etc.) if	JURY OCCUR?			6	10			
W	UTING LI CA		iH. oy) (Year) (Hour)	22E.INJURY OCCURRED		316 E. Fa			10 1	13			
	OF INJURY (APPROX.)	12 4	70	9:00a	l	WANTE -				ion				
	23.	12 4	70	7:00m	WORK L	ORK M	stabbed d	uring a	artercat	TOIL				
	1 cert	Ify that I he	eld on Ir	agulty 🔲	Inspection Au	topsy X	ond that on th	ils basis,	death in my d	pinion				
	result	ed from N	otural caus	ses 🗌	Accident Suicid	le Ho	micide X	Undetermin	ed manner					
		Dar		1	1		HIEF MEDICAL E	XAMINER						
	ACTUAL SIGNATU		2 ues	1/1	M.D	ASSI	STANT MEDICAL E	XAMINER			DATE SIC	SNED		
	EXAMIN	- N		1			CIATE MEDICAL E	XAMINER						
	NAME (T			r U. S	pitz, M.D.	Deputy	Chief Me				12/4/	70		
	A. BURIAL CREAMOVAL (Special	fy)	48. DATE		24C. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, town,	ar county	(St	tote)		
	Cremati	ion	Dec: 8		Loudon Park	Cremat	ory :	Freder.	Lek Road	Bal	to :	Md		
25	A. DATE REC'D				ME OF REGISTRAR		UNERAL DIRECTO			DRESS	1000	0.00		
	DEC7	THE O	Bent E	68. C	LAR. 1	THE	DIPPELLE	SROS IN	18001	- Lon	BAR.	9 5		
VS	151-REV. 1/T/68		Left 1	77		N								



	2-1011	BALTIMORE CITY	HEALTH DEPARTMENT		70 11848
BI	70 118	48 CERTIFICA	TE OF DEATH	REG. NO.	•
	NAME OF DECEASED			ND HOUR OF DEATH	
3.	PLACE IN BALTIMORE MARYLAND, WHERE PR	ONOTHIGED DEAD	12-3		5:45 P M.
FI	III NAME OF HE NOT IN HOSPITAL OF		A. STATE B. COUN	re deceased lived. Il insti	itution: residence before admission)
IN	OSPITAL OR ADDRESS OR LOCATION) STITUTION Veterans Administra		C. CITY OR TOWN	D. INSIDI	E CITY LIMITS?
ľ	3900 Loch Raven Bou		Baltimore		YES 🔀 NO 🗌
	Baltimore, Maryland		E. STREET AND NUMBER		
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH		Il Under 1 Yr Il Under 24 Hrs.
	ale White WIDO	WED DIVORCED	9-7-16	lost birthdoy)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10/	LUSUAL OCCUPATION (Give kind of work 108, KIN the during most of working life, even it retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or lore	ign country)	12. CITIZEN OF WHAT COUNTRY?
115	aborer		Nappanee, Ind		U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
17	onas Burkholder		Amanda Smucke:	r	
15. (Ye	Was Deceosed Ever in U. S. Armed Forces? s, no or unknown) (II yes, give wor or dotes of serv	icel SECURITY NO.	17. INFORMANT VA H	ospital Recor	ds ADDRESS
	es 3-19-48 to 3-18-5		Baltimore, Mas	_	
	18.5 7/19	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	Hepatic	Coma		3 Weeks
	(This does not mean the mode of dying, head failure, asthenia, etc. 11 means the dise	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:		
	ANTECEDENT CAUSES	Cirrhosi	g		Unknown
	DISSASSE OR CONTINUE !		A CONSEQUENCE OF:		Olimiowii
	rise to the above cause (A) stating UNDERLYING CONDITION last.		Post Porto Caval	Shunt	1 Week
7					
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL Monilias	sis of Mouth	P# 470 administrative engle community	6 Months
CERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	NO	208. IF YES, WERE FIN	DINGS CONSIDERED ES OF DEATH?
¥	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21C. WHERE DID	(II In Boltimore C	City, give exect locotion)
MEDIC	21D-TIME (Month! (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
-	(APPROX)	While At Work Not While	· 🗆		
	22. I certify that (K (this hospital) ottend		ovember 11, 1	9 70 to Decem	ber 3, 19 70
	that M) (we) last saw the deceased alive	on December 3,	19 70 and the	at in∰∰() (aur) apinio	n death occurred an the date
	and hour and fram the couses stated abav	e. (版 (We) (dld) (成近(9級) vi	ew the body ofter death.		
	23A. SIGNATURE	Attac	nding Med.		B. DATE SIGNED
	23C. PHYSICIAN'S	DEGREE Phys.	Director L	Staff Phys. XX	12-5-70
	NAME (Type)			och Raven Bou	
24A	JAIME F. CASELI BURIAL CREMATION, 1248, DATE 1241	C. NAME OF CEMETERY OF CREE	Baltimo	ore, Maryland	
	REMOVAL (Specily)	**			town, or county) (Stote)
25A	emoval-Burial 12-8-70 DATE REC'D BY HEALTH-PERT. 1256 NA	HOSS	25C, FUNERAL DIRECTOR	oshen	Indiana
	DECT THE VALUE E SOLE	dy K.A.	H.W.Jenkins	& Sons Co.	
VS	150-REV. 1/1/68				



24A. BURIAL CREMATION, 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, lawn, or county) 248, DATE REMOVAL (Specify) Rem. Burial Red Bank, Tennessee Chattanooga Mem. Park 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS % 4905 York Rd. Md. 21212 & Sons Co. H.W.Jenkins Bailto., VS 151-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT

J-525 70 11850	BALTIMORE CITY	HEALTH DEPARTMENT	ed No. 70 11850
HRTH NO. 525 70 11850	CERTIFICA	TE OF DEATH Register	ed No.
M.E. CASE NO.		2. DATE AND HOUR OF	DEATH
Type or Printl A	Jenkin		
PLACE OF DEATH IN BALTIMORE MARYLAND	VERRI	14. USUAL RESIDENCE (Where deceased livery deceased livery)	7: 35 A
TENDE OF BEATT IN PARTITIONS MARKETING		A. STATE B. COUNTY	ved. It institution, residence belove damassida
FULL NAME OF (If not in haspital at institut HOSPITAL OR oddress at location)	ian, give street	Maryland Baltim	10re 901
INSTITUTION		C. CITY OR TOWN (If outside city limits	s, write RURAL and give tawnship)
m 1-10 11	· +- /	Baltimore	
Maryland General A	ospilai	D. STREET ADDRESS (If turol, give lace	
		710 E 41st Stree	
WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In ye last birthdoy)	Manths Doys Haus Min.
	idowed	1-22-04 66	
OA, USUAL OCCUPATION (Give kind of work 10B, KIN one during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY?
NELDER-PATAPSGO SC	GRAP CO.	BACTIMORE	LA 5-19.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	20477.
7		2	
		,	
5. Was Deceased Ever in U. S. Armed Forces? 'es,na or unknawn' (If yes, give war ar dates af serv	SECURITY NO.	17. INFORMANT	ADDRESS
No	214-01-3973	MISS LELA MAGNO	ESS SAME
1B. / < 0 × 1	CAUSE O	F DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	~		ONSET AND DEATH
LEADING TO DEATH	in M	ucus Astruction lies	hea mondas
(This does not mean the mode of dying,	e.g., DUE TO		
heart foilure, asthenio, etc. II means the dise	ose, Eiron	Myserra and Rt bing a	Aelectores
ANTECEDENT CAUSES	(B)	0	
DISEASES OR CONDITIONS, if ony, gi	DUE TO		
rise to the obove couse (A) stoting		estima Covename of Or	Sombasis
UNDERLYING CONDITION Iosi.	***************************************		
		0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO			
DISEASE OR CONDITION CAUSING II.	Inc		
19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES,	WERE FINDINGS CONSIDERED ING CAUSES OF DEATH?
	of Ossophage	y yes yes	
21 A. ÁCCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	hame, farm, foctory, street, a	n or obout 21 C. WHERE DID (If in	Baltimare City, give exact lacation)
DEATH (natify medical examiner)	etc.)		
21D. TIME (Month) (Doy) (Year) (Haur) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not Whil	e 📉	
10111000/	Wark At Wark		
22. I certify that (I) (this haspital) attend		Nov. 24 1970 to	Dec. 5 1970
that (I) (we) lost saw the deceased alive	an DEC	5 19 70 and that in (my) (a	our) apinian death accurred on the de
and hour and from the causes stated above	e. (1) (We) (did) (did nat)	riew the bady after death.	
23A. SIGNATURE			238, DATE SIGNED
Joseph Low	M.D. Atte	ending Med. Staff Shaff Phys.	Dec. 5, 1970
23C. PHYSICIAN'S	,	23D. ADDRESS	200. 37 777
NAME (Type)			1 11 suital
JUSEPH L		Maryland Gener	-al Mosque
4A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CRI	EMATORY 24D. LOCATION	(City, tawn, ar caunty) (State)
Burial 12-8-1970	Holy Cross C	emetery Ritchia	Hwy. A.A.Co. Md.
	ME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS
DEC7 1970 Pases & Ja		H. W. Jenkins & 4905 York Re	Sons Co. Md. 212
		1 4402 TOLK W	Jau Dallo, Mu. 212
S 150-REV. 1/1/65			

SINGLESS PLEASE ASSET FOREST

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

NO X

SETWEEN ONSET AND DEATH

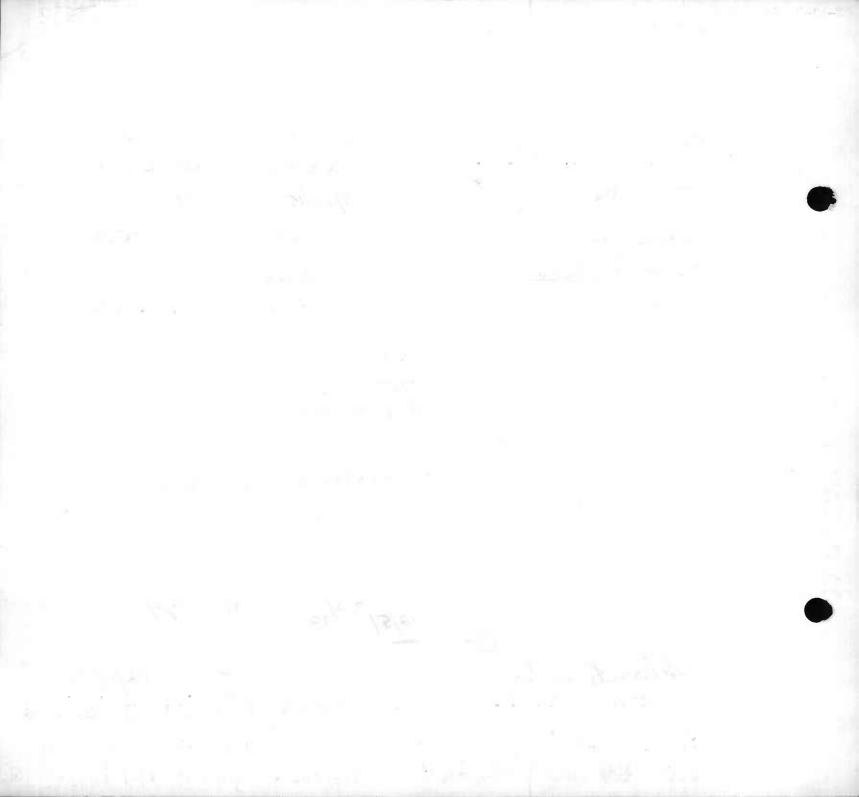
Md

YorkRe

If Under 24 Hrs.

Twent Ifth dorler and the same

C-245 70 11852	BALTIMORE CITY HEALTH DEPARTMENT 70 11852
BIRTH NO.	CERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
Deatrice R. Chisa	olm 12/6/70 1730 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission A. STATE 8. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Baltimorcity Hosp D.	
	E. STREET AND NUMBER
'4940 Eastern Ave., Balto. Md. 2	128 Carver Urive 21222 005
5. SEX 6. RACE 7. MARRIED N	NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. II Under 24 H. Months; Doys ; Hours; Min.
Female Megro WIDOWED	DIVORCED 7/15/15 55
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS! dane during most of working life, even if retired)	SINESS OR INDUSTRY 11. BIRTHPLACE (State or (areign country) 12. CITIZEN OF WHAT COUNT
	West Virginia USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Saul MC	
15. Wes Deceased Ever in U. S. Armed Forces? 16. S	UNKNOWN Jennie Harins
	SOCIAL SECURITY NO. 17. INFORMANT 4940 Eastern Avenderss
NO	BCH Records: Baltimore, Md. 21224
18. 4.3/101	CAUSE OF DEATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DE
LEADING TO DEATH	(A) IMMEDIATE CAUSE Cessation of Resp at 5 min
(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,	DUE TO OR AS A CONSEQUENCE OF
injury ar camplication which caused death.)	Poll ble Sulperochoid (demenling)
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, il any, giving	DUE TO, OR AS A CONSEQUENCE OF:
nse to the above cause (A) stating the UNDERLYING CONDITION last.	(a)
	(C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Loided hemipores confusion
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A. DATE OF OPERATION 1198. CONDITION FOR WHICH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING [7] 1218. PLACE	H OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED	YES IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	CE OF INJURY (e.g., in ar about 21 C. WHERE DID (II In Baltimare City, give exact location) m, factory, street, affice bldg., INJURY OCCUR?
DEATH (natily medical examine)	in today, siece dide dide occur.
	URY OCCURRED 21F. HOW DID INJURY OCCUR?
Wdik	AT WOR CJ
22. I certify that (I) (this hospital) ottended the dec	10/0/
that (1) (we) last saw the deceased alive on	ond that In(my) (our) opinion death occurred on the d
ond haur and from the causes stated obave. (1) (We) (did) (dishmet) view the body ofter death.
23A. SIGNATURE	23B, DATE SIGNED
Allan Frumbol M. O.). DEGREE Phys. Director Phys. D
23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS4940 Eastern Ave. Baltimore, Md. 2122
NAME (Type) Allan Krumholz, M.D.	GO32-E POST ST. B. HA
24A. BURIAL CREMATION, 24B. DATE 24C. NAME O	of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) (Stotel
REMOVAL (Specily)	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REG	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REG	
DEAL DAM AMOUNT AND MAN	11 octob & Duct +. H. 1'101 Laureus
S 150-REV. 1/1/68	



ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO, OR AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Obesity	
20A. DATE OF OPERATION 208. CONDITION FOR W	/HICH OPERATION WAS PERFORMED	no
UTING CAUSE OF DEATH.	ACE OF INJURY (e.g., In or obout 22C. WHERE DID (If in Boltimare City, give exact form, lactory, street, affice bldg., etc.) INJURY OCCUR?	location)
I OF INITIRY	E.INJURY OCCURRED. 22F. HOW DID INJURY OCCUR?	
<u> </u>	inspection XX Autopsy and that on this basis, death in my of	
ACTUAL SIGNATURE SIGNATURE	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type) Werner U. Spitz,	ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Examiner	12/5/70
MOVAL (Specify) Burial 12-10-70 Sa	Antuary Meth. Ch. Cem. Lilesville. Nor	rth Carolina
DEC? 1870 Pales 258. NAME C	OF REGISTRAR 25C. FUNERAL DIRECTOR ADD	Laurens Street
151-REV. 1/1/68		

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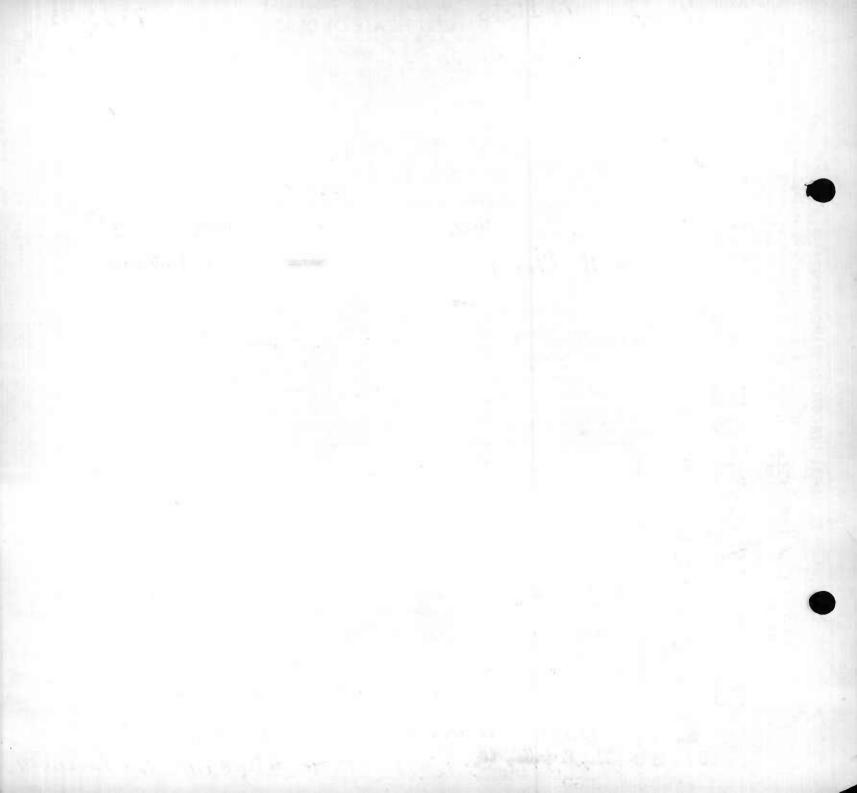
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1	11-23	12		ical	_	BALTIMORE CITY HE			DEAT	rH	70	11854		
BIR	TH NO.									REG. NO.				
Typ	NAME OF DEC	EASED	He	rber	t Mo	Dougal	2. DATE OF DEATH	Known 🔼	Month	Day	Year	Hour M.		
4. 1	PLACE IN BAL					UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour		
FUL HO OR	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	L OR INS	TITUTIC	N, GIVE STREET		INCED DEAD	12	5 7		3:45 p M. before odmission)		
6	00	2518 в	rookfie	ld A	ve.		A. STATE Maryland B. COUNTY /30/							
6. 5	EX	7. RACE		B. MAR	RIED [NEVER MARRIED	D. INSIDE CITY LIMITS?							
	male colored WIDOWED DIVORCED							Baltimo	re	YE	s 🗌	NO 🗆		
9. [9. DATE OF BIRTH 8-7-1916 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.						E. STREET	2518 Bro	okfiel	d Ave.				
11.	BIRTHPLACE (S		gn country)			TIZEN OF	13. FATHER	'S NAME						
140	IISUAL OCCU	PATION (GI	es kind of work	AB. KINI	OFR	USINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME					
don	during most of v	vorking life, e	ven If retired)		0, 0			EllA	FAIR	lay				
16. (Yes	WAS DECEAS	(If yes, give	U.S. ARMED	FORCE of service	S?	17. SOCIAL SECURITY NO. 239-24-3893	18. INFOR	En'a	No.v	RTE 32		lessup, Md.		
	yes	1943-	44			CAUSE OF DEA	TH	1	101	1110 330	A	PPROXIMATE INTERVAL		
	13	111									8ET	WEEN ONSET AND DEATH		
		E OR CONIL	OTION DIREC O DEATH	CTLY			Ma	ssive spo	ntaneo	us intra	-			
	(This does n	of meon the	mode of dy	Ing. e.g.,		(A) IMMEDIATE	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ивискин се	rebra1	hemorrh	age			
	jujary or cor	nplication wh	c. It meons the Ich coused dec	ith.)										
		NTECEDENT				(B)								
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO, OR AS A CONSEQUENCE OF:													
NO O	ONDERCH	10 001101				(c)								
CERTIFICATION	TO THE DE	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL												
F			N 1208, CON			WHICH OPERATION W	AS PERFORA	AFD			IZI. AUTO	OPSY? (Yes or No)		
Ü				10111011		THE COLUMN TO TH						yes		
¥	22A. EXTER	NAL CAUSE	WAS		228.P	LACE OF INJURY(e.g.	In or obout	2C. WHERE DID	(If In Baltim	ore City, give exc				
EDIC	UNDERLYING	OR CON	VTRIB-		home,	form, foctory, street, offi	ce bldg., etc.)	NJURY OCCUR?						
Z			Doy) (Year) (Hot	r) 22	E.INJURY OCCURRED		2F. HOW DID II	NJURY OC	CUR?				
	(APPROX.)				m. W	HILE AT NO	WHILE WORK							
	23.	16. al -a 1 1	- I				Itopsy 🖸	and that an	Abia basis	dooth to me	malalan			
		ify that I		nquiry		parent .	1			s, death in my nined manner [-			
	resul	teditam:	Natural cau	1	Ac	Sulci		amicide CHIEF MEDICAL						
	ACTUAL		mer	h	7/	-	ASS	STANT MEDICAL				DATE SIGNED		
	SIGNAT				1	M.I	J.	CIATE MEDICAL						
	NAME (Туре)		er U.		itz, M.D.	Deputy	Chief Me	dical	Examiner		12/5/70		
	A. BURIAL CRE		24B. DATE	1	240	NAME of CEMETERY		ORY 240	SLOCATIO	- 1	, or county			
-	Buen	1-4	12/10	170	1	phigh No		FUNERAL DIREC	PILE	111	DDRESS	N.C.		
25	A. DATE REC'D	BY HEALIH	DEPK	258.	MAME	OF REGISTIAR				17.19				
VS	DEC 7 151-REV. 1/1/6	8	P. G. O.	2 3	Can	MA		ORTON V.	vye y	170) I h	Aurens ST		

Ella familia BURGAR 10/12/20 Rability Has Com Patiety Bernel 1001 Tallaction March 1701 hard

FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
FUNER	This certificate must be approved by the chief mother body was released to the hospital by a me	shows: (1) An accident of any nature; (2) Body b	was D.O.A. at a hospital (except where the ph	deceased prior to death); and (6) No physician	written approval must be obtained before the r

M.	-201	70	11855	BALTIMORE CI	TY HEALTH DEPARTMENT		DO 10055
BIRTH NO	0.00			CERTIFIC	ATE OF DEATH	Registered No.	70 11600
M.E. CAS I. NAME Type or	OF DECEASED	IBIEY 6) M1-	TCHELL	2. DATE A	NO HOUR OF DEATH	
BLACE	OF DEATH II	ILLEI F	T. FFI	1617626		9/10	titution; residence before admiss
FULL	NAME OF TAL OR	(If not in hospital oddress or location Ceneral		ve street	A. STATE B. COUL Maryland C. CITY OF TOWN (IF OR Daltimov	utside city limits, write RI	1608
4	8				- 1021 Wildw	ood Parkwa	Y
S. SEX	6. RA	CE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24
F		M	Ma	HILD (specify)	12-23-35	lost birthdoy)	Months Doys Hours Mi
		ON (Give kind of work g life, even if retired)	108. KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
11	usewife		He	· ne	No Catolina	, Hallsbore	USA
	ERS NAME				14. MOTHERS MAIDEN NA	1	
	L. U	v:11 C/	nerry		The state of	Delia Bal	dusin
S. Wos I	Deceased Ever runknown) (If ye	in U. S. Armed Fores, give wor or dote	s of service)	SECURITY NO.	17. INFORMANT	PL	ADDRESS
1/0				249-46-926		1 1.	2/14
1B.	DISEASE OF	CONDITION DIR	ECTLY	CAUSE	OF DEATH Cong	resden an	INTERVAL BETWEEN ONSET AND DEATH
		ING TO DEATH	-0.07	(A) 17	Murroug 1	Turnella Co	4 24 Hus
		ean the made of		DUE TO	- ^ /		1 1
		nia, etc. II means lion which caused			0 ()	011	1.to
	ANTE	CEDENT CAUSES		(B) Can	ely yoursone	2 florementer	unloshing & Mu
				DUE TO	T ()	7	0
		ONDITIONS, if ove cause (A)		461	S		
		NDITION last.	siding ine	(C)			www.com
		11					
Z OTH	IER SIGNIFICAL	II NT CONDITIONS C	ONTRIBUTING	881	118/8/18	//	
≥ TO	THE DEATH	BUT NOT RELA	TED TO THE	160	and a contra	C/C	
		DITION CAUSING I		HICH OPERATION	120A. AUTOPSY? (Yes or N	o) 20B, IF YES WERE E	INDINGS CONSIDERED
E		WAS PERF	ORMED	1.1	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAU	ISES OF DEATH?
1 21 A	ACCIDENT W	AS UNDERLYING	Kenal	tailure	, in or obout 21C. WHERE DID	(If in Rollings	City, give exact location)
_ OR C	CONTRIBUTING	CAUSE OF	home	form, foctory, street,	office bldg., INJURY OCCUR?	tir in politimore	City, give exoct locotion)
DEAT	TH (notify medi	col exominer	etc.)				
WOLL	TIME (Mos	nth) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
	ROX.)			e At Not W			
		~	Work				
22. 1	Certify that	(1) (this hospital		e deceased from L		19 70 to Dace	
that	(I) (we) last	sow the deceose	d olive on	December	4 19 70 and t	hot in (my) (our) opin	ion death occurred an the
				JAN (414) A414	view the body ofter death.		
-	SIGNATURE		33 433 46. (1)	, a (and) (and har)	TION THE DOGY OTHER GEOTH.		23B, DATE SIGNED
	111	10	1	M.D. A	ttending Med.	Stoff	
	Mora	1412	Mer	- P	hys. Director	Phy s.	12-4-76
	PHYSICIAN'S NAME (Type)			M.	D. Marylano	& Gener	al Appital
24A. BUR	RIAL CREMATI	ON, 24B. DATE	24C. NA	ME of CEMETERY OF	CREMATORY 24D.	LOCATION (Cit	y, town, or county) (Sta
REN	MOVAL (Specify	1 10/0/0	· 1/1/0	str <1	1	/ //	Marila
Du	ITIA	12/8/1	0 1000		or com	gitiHore,	11419142
C.7	TE NATION !	alla E da	NA PER	F REGISTRAR	25C. FUNERAL DIRECTO	11 -11	ADDRESS
	1014				Morton 2)4eH +. H.	1/01 LAUKERS
/s 150_R	REV. 1/1/65		19 19 19				



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is as	any	peou	ndar	or f	
or h	reof	nour	atte	Imed	
approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death	מכנה	pro	ular	mba	
Xam	A fr	who	reg	are e	
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	Was	decei	writt	

11 -	1 -	4.4.0	BALTIMORE CITY	HEALTH DEPARTME	ENT	70 440-
BIRTH NO.	15 70	11856	CERTIFICA	TE OF DEA	TH REG. NO	11858
1. NAME OF DE				2, D	ATE AND HOUR OF DEATH	
	JOHNS	ON, Thel	ma A.		December 5, 197	'0 M
3. PLACE IN BA	LTIMORE, MARYLAND, V	VHERE PRONOU	NCED DEAD	4. USUAL RESIDENC A. STATE B.	E (Where deceased lived, If in	nstitution: lesidence before admission)
FULL NAME OF	F (IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	TION, GIVE STREET	MARYLAND		1601
INSTITUTION	ADDRESS OR LOC	A IION)		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
00				BALTIMORE		YES K NO .
00	1012 Bennet	t Place		1012 Benn		
5. SEX	6. RACE	7. 44 4 PRICE [V atminum and and	8. DATE OF BIRTH		if Under 1 Ya , If Under 24 His.
Female	Negro	WIDOWED	NEVER MARRIED DIVORCED	4-16-1924		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA, USUAL OCC	CUPATION (Give kind of work f working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewit		Home	9	Baltimore,	Marvland	U.S.A.
3. FATHER'S NA	AME			14. MOTHER'S MAID		
Fr	ank Hendersor	1		01a Woode	n n	
	d Ever in U. S. Armed For n) (If yes, give wor or dote		1 6. SOCIAL	17. INFORMANT		ADDRESS
	milit yes, give wor or dole	es of service)	SECURITY NO.	M¹s Gloria	Carter 1	012 Bennett Place
NO.	63 63 1		CAUSE OF DEATI		out cei	1 APPROXIMATE INTERVAL
711	SE OR CONDITION DI	DECTIV	DAUSE OF BEAT		0 . 1 .	BETWEEN CHISET AND DEATH
Disex	LEADING TO DEATH	KECILI	MIK	whene	, Chino	Volume
(This does	not meen the mode of	dying, e.g.,	DUE TO, OR AS	SE A-CONSEQUENCE OF:		***************************************
injury or co	, asthenia, elc. It means mplication which caused	death.)	14	Liseas	2	
	ANTECEDENT CAUSES					
DISEASES	OR CONDITIONS, II	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	G CONDITION last.	stoling the				
ONDERLIN	G CONDITION Idsi.		(c)		***************************************	***************************************
OTHERSIGNI	II FICANT CONDITIONS CO	NTRIRITING				
TO THE DEA	TH BUT NOT RELATED TO T	HE TERMINAL	***********************	********************		
OTHER SIGNI TO THE DEA DISEASE OR 19A. DATE O	F OPERATION 19B. CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yo	s of No. 208, IF YES, WERE	FINDINGS CONSIDERED
AB CONTRAIN	NT WAS UNDERLYING LUTING CAUSE OF	21 B, I home	PLACE OF INJURY (e.g., In tarm, tactory, street, of	or obout 21 C. WHERE INJURY OCC	DID (If In Boitimon	re City, give exact location)
2	y medicol exomined	elcJ				
OF INJURY	(Month) (Doy) (Yeor)	A COLUMN TO THE REAL PROPERTY OF THE PERTY O	INJURY OCCURRED		ID INJURY OCCUR?	
(APPROX)	F	While	At Work	'L / .		1-10
22. certify	that (1) (this hospital) ottended the	e deceased from C	1/1/6	0 19 to /	2/0//10
) last saw the decease			19 (and that In (my) (our) and	Inion death occurred on the date
	nd from the causes star				1 3 4 1 1 1	/
23A SIGNAT			, (, (ine body dilet d		23B. OATE SIGNED
(1)	, har	ver	Atter Phys	Med. Director	Staff Phys.	10000
23C. PHYSICI	ANS	Λ Λ	OCOREC	3D. ADDRESS		
NAME (Type) (1)M.	6/+/	NEC	17061	i) and anxi	the air
4A. BURIAL CR	EMATION, 248, DATE	24C.NA	ME OF CEMETERY OF CRE	MATORY	24D. LOCATION (C	ity, town, or county) (Stotel
REMOVAL						
Burial	12-9-	O EIK	ridge Indepen	dent Cem.	Elkridge,	Maryland
DEC 7	RETURNS TO STATE OF	. Tables	ALD.	MORTON &	Dyett F.H.	
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lype	or Print)		Edna	Hawk	ins		DEA		Estimoted							м.
. PL	ACE IN BAL					INCED DEAD	3. DA				Month	Doy		Yeor	Hour	-01
HOSP	NAME OF	(IF NO	T IN HOSPITESS OR LOC	TAL OR THS	IOITUTIT	N, GIVE STREET			NCED DEAD		12	5	-	70	10:00	1941
4	6	Luther	ran Ho	spita	1		A. STA		Maryla			B. COUN			161	28
S. SE	X	7. RACE				NEVER MARRIED	C. CIT	YORT				D. INSI	DE CITY	LIMITS?	00	
fe	male	colore	ed	WIDOV		DIVORCED			Bal	timo	ore		YES	X	NO 🗆	
DA	TE OF BIRTI	H	10.AGE	in years	If Und	er 1 Yr. If Under 24 Hrs.		EET AN	ID NUMBE	R						
7-	31-191	7	lost birthd	° ^{y)} 53	Months	Doys Hours Min.			1246	N.	Agust	a Ave	2.			
1. BI	RTHPLACE (S	tote or forei	gn country)			IZEN OF	13. FA	THER'S	NAME							
Bal	timore	. Mary	land		W	HAI COUNTRY?	Ba	as i l	Willi	ams						
4A 11	SHAL OCCIL	PATION (GI	e kind of wor	148. KIND	OF BL	ISINESS OR INDUSTR	Y 15. M	OTHER'	S MAIDEN	NAM	E					
one d	oring most of w	rorking life, en	ven Ifretired)			1	Alve	rta Wi	111	ams					
	AS DECEAS			D FORCE	5? [1	7. SOCIAL	18, IN	FORM					ADD	RESS		
Yes, r	o or unknown)	(If yes, give	wor or dotes	of service)	213-18-4810	M	r. W	illiam	H.	Hawk	ins	1246	N. A	lugus ta	Ave
19		2.2				CAUSE OF DEA									PPROXIMATE IN	
	DICEAG	F OR CONIC	MON DID	PATIV											TEELS ONSE! A	NO DUAIN
		E OR COND LEADING TO		ECIET		Arterio:		cotio	card	iova	ascula	ar dis	sease	3		
	(This does n	ot meon the	mode of d	ying, e.g.,		DUE TO, OR		NSEQU	ENCE OF:							
	injury or con	plication whi	ich coused de	eolh.)												
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		OR CONDITI		Y, GIVING		DUE TO, OR	AS A CO	ONSEQ	UENCE OF:							
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ŏ						(c)										
\	OTHER SIGN	IIFICANT CO	NDITIONS (CONTRIBU	TING											
읪	TO THE DEA	CONDITION	T RELATED TO	O THE TERM	UNAL											
CERTIFICATION						HICH OPERATION W	AS PERI	FORME	D				2	I. AUTO	PSY? (Yes	r No)
ပြု	7.													2	res	
0 5 1		NAL CAUSE			228.PL	ACE OF INJURY (e.g.	, In or ob	bout 22	C. WHERE	DID (II	I In BoltImo	re City, gh	e exact	location)		
	INDERLYING JTING □ CA				home,	farm, loctory, street, oil	ce bldg.,	elc.) IN	JURY OCCI	JKI						
Σ 2	2D. TIME		Doy) (Ye	ar) (Hou	r) 228	LINJURY OCCURRED		22	F. HOW DI	LINI D	URY OCC	UR?				
	F INJURY APPROX.)				m. WH	ILE AT NO	WHILE WORK									
2:																
	1 cert	ify that I h	reld on	Inquiry		Inspection A	utopsy	X	ond that	on th	is basis,	death Ir	my of	Inlon		
	resul	ted from: 1	Notural co	uses 🛚	An	ejdent Sulci	de 🗌	Hon	nicide 🔲	U	Indeterm	ned mon	ner 🗌			
		110	nain	//	-1	1)		C	HIEF MEDIC	CAL EX	CAMINER				DATE SIG	VED
	SIGNAT		you	JUS	4	M.	D.	ASSIST	ANT MEDI	CAL E	CAMINER				DAIL SIO	120
	EXAMIN	ER'S		0 :	X			ASSO	nief M	CAL E	CAMINER			1	0/6/70	
	NAME (1		rner U	. Spi						_					2/6/70	
REM	BURIAL CRE	fy)	248. DATE			NAME of CEMETER					OCATION		, town, c	r county) (Sto	le)
	Burial		12-9-7			Western Star	Cem	eter	·y		tons	/ille,		Mar	yland	
25A.	DATE REC'D	BY HEALTH	DEPT.	258. 1		OF REGISTRAR		25C. FL	JNERAL DI			u 1		RESS		was t
	DEC 2	1971	1 Re	BE.	Pail	a ACD	1 0	MUR	TON &	UYE	11 F.	n, I	/01	Laur	ens St	reet
		A WALL	-													

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HOSPITAL ADDRESS OR LOCATION)						12	4	70	10.20 a _M				
				5. USUA	L RESIDENCE (V	Where deceosed	lived. If Institution:	residence	belore odmission)				
1210 Short Court						A. STATE Maryland B. COUNTY 5/							
6. SEX		7. RACE		8. MARE	HED 🔼	NEVER MARRIED	C. CITY	ORTOWN		D. INSIDE CIT	Y LIMITS?		
fema		color		WIDOV	VED 🗆	DIVORCED		Baltimo		YE	s 🔼	No 🗆	
		- 0	lost birthde	n years	Months .	r I Yr. II Under 24 Hrs. Days Hours Min.	E. STREE	T AND NUMBE	R				
	15-19			32					ort Cou	rt			
Charlotte, North Carolina WHAT COUNTRY?						13. FATHER'S NAME							
					""(AT COUNTRY?	Joh						
4A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY done during most of working life, even il retired) Housekeeper						15. MOTHER'S MAIDEN NAME Gussie Caldwell							
			U.S. ARMEI	FORCES	2 112	. SOCIAL	18. INFORMANT ADDRESS						
Yes, no or	unknown)	Il yes, give v	U.S. ARMEI war or doles	of service) 2	security No. 216-62-4286		Susie L	ee			Iton Avenue	
19.	111	2 0	-11			CAUSE OF DEAT	Н					PPROXIMATE INTERVAL	
7	DIFFACE	OD COND	TON DOS	CTIV							BET	WEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hyperte					ensive cardiovascular disease							
(This	s does no	t meon the	mode of dy	ing, e.g.,		(A)IMMEDIATE C	AUSE						
hear	ri foilure, o	osthenio, étc olicotion whic	. It means the	oth.)		502.10,017	IS A CONSEQUENCE OF:						
				,									
		TECEDENT				(8)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE						SEQUENCE OF:							
IIIN	DERLYING	G CONDITI	ION LAST.			(c)							
፬			11			(0)						•	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							ry emphy	sema				
20A. [A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS							PMED			2) AUTO	PSY? (Yes or No)	
5 2	2			at a contract of the contract									
₹ 22A.	EXTERNAL CAUSE WAS 1228, PLACE OF INJURY(e.g., i							le ce chant 22C WHERE DID (III - B. by Cu				yes	
	A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., I home, form, fociory, street, office its CAUSE OF DEATH.							INJURY OCCU	IK?	ore City, give exact	l location)		
≥ 22D. OF IN.	TIME (A		oy) (Year	r) (Hou) 22E.	NJURY OCCURRED		22F. HOW DID	INJURY OC	CUR?			
(APPR					m. WHIL	EAT NOT	WHILE						
23.					m. wo	AI W	JKK L						
	I certif	y that I he	eld on 1	nquiry [] Ir	spection Aut	opsy X	and that a	on this basis	, death in my o	nolnia		
	resulte	d from: N	atural cau	ses X	Acci	dent Suicid		Homicide 🗆		Ined manner			
			,	4				CHIEF MEDIC					
	ACTUAL	h 101	MA	1/	600					=		DATE SIGNED	
	IGNATU		7/1/ Y		12	M.D.		SISTANT MEDIC					
	XAMINEI		erner	II. Sp	N2	мъ	AS:	OCIATE MEDIC	AL EXAMINER	Li		10///70	
24A RURI	AL CREM	ATION 12	48. DATE	o. op		NAME of CEMETERY	A	-		Examiner		12/4/70	
REMOVAL	L (Specily)							4D. LOCATIO	N (City, town,	or county	(Stote)	
Bui	rial		12-8-7	70	Mo	ount Auburn	Cemet	ery	Baltin	nore,	Ma	ryland	
25A. DATE	REC'D B	Y HEALTH	PEPT.	34 B. N	AME QE	REGISTRAR		. FUNERAL DIR	ECTOR	AD	DRESS		
DEC	7 6	3/U J6	Book E	Marro	4 11		MO	RTON & D	YETT F.	H. 1701	Laure	ns Street	
S 151-REV	/ 1/1/60						1 1						
2 131-KEV	. 1/1/08												

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6-50 d 70 11859 BALTIMORE CITY HEALTH DEPARTMENT

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MEDICAL EXAMINER'S CERT	IFICATE OF DEATH									
BIRTH NO.	ITICATE OF DEATH REG. NO.									
1. NAME OF DECEASED (Rev. Hezekiah Bunch) 2. DAT										
Hezekaih Bunch DEA	TH Estimated LI M.									
HOSPITAL ADDRESS OR LOCATION)	NOUNCED DEAD 12 3 70 5:15 p M									
S. USU	AL RESIDENCE (Where deceased lived, if institution; residence before admission)									
Lutheran Hospital	Maryland /004									
DANNIES TI LATA EN LANKKIED TI	OR TOWN D. INSIDE CITY LIMITS?									
male colored WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In years 16 Under 1 Yr. 16 Under 24 Hrs. E. STRE										
1-25-1910 lost birthday 60 Manths Days Haurs Min.	1115 N. Appleton St.									
	13. FATHER'S NAME									
	Paul Bunch									
14A.USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTRY 15. MC done during most of working lile, even if retired)										
	Nina Bunch									
(Tes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	ORMANT ADDRESS									
	Esther Bunch 1115 N. Appleton Street									
CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH									
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arterioscler	cotic cardiovascular disease									
(This does not mean the mode of dying, e.g., (A)IMMEDIATE CAUSE										
heart follure, asthenia, etc. it means the disease, injury or complication which coused death.)	ISEQUENCE OF:									
ANTECED ENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE 10, OR AS A CO.	NSFOLIENCE OF									
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	number of the second of the se									
Z (c)										
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFO										
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFO	ORMED 21. AUTOPSY? (Yes or No.)									
	no									
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obo	ut 22C, WHERE DID (if in Rollingre City, give exect location)									
UTING CAUSE OF DEATH.	c.) INJURY OCCUR?									
≥ 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED.	22F. HOW DID INJURY OCCUR?									
(APPROX.) MHILE AT WORK AT WORK										
certify that I held an Inquiry Inspection X Autopsy ond that on this basis, death in my opinion										
resulted from: Natural causes Accident Suicide Homicide Undetermined monner										
ACTUAL MIRAR IN TO	CHIEF MEDICAL EXAMINER DATE SIGNED									
m.b.	SSISTANT MEDICAL EXAMINER									
NAME (Type) Werner U. Sparz M.D. Deputy	SSOCIATE MEDICAL EXAMINER LA 12/4/70									
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM										
Burial 12870 Artis Conel										
	C. FUNERAL DIRECTOR ADDRESS									
DEC7 1970 Palent C. Jailey 268 1 0 1	Motton & Ryett June 1 Jones									
VS 151-REV. 1/1/68	1701 Lune ST BOLTO- MARTED									

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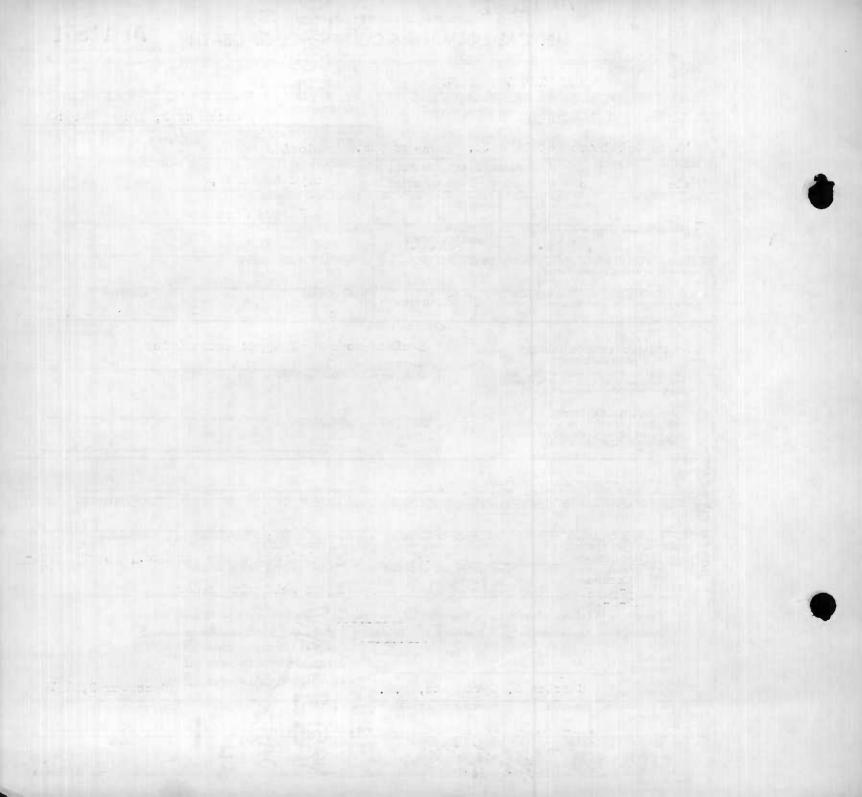
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BALTIMORE	CITY	HEALTH	DEPART	MENT

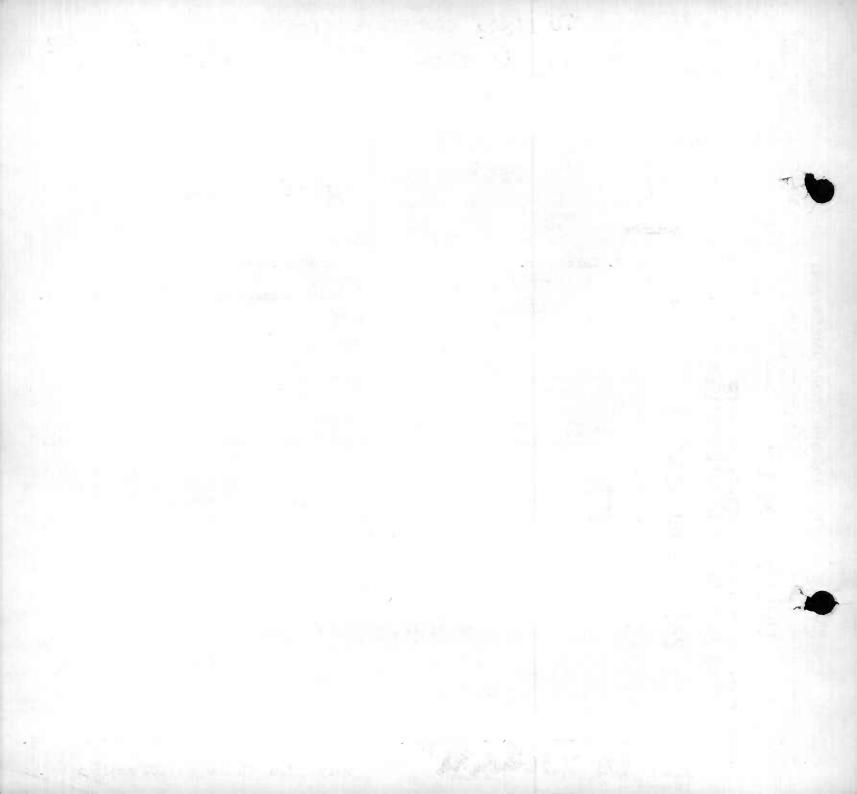
					in in
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH RE	G NO

1) 041	ER'S CERTIFICATE OF DEATH REG. NO. 11861
NAME OF DECEASED	RED) 2. DATE Known Month Day Year Hour OF Estimated Month Month M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAL	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE ADDRESS OR LOCATION)	PRONOUNCED DEAD December 3, 1970 10:40 A _M . 5. USUAL RESIDENCE (Where deceased lived. If Institution; residence before admission)
Lord Baltimore Hotel' Balt. & Hano	II A CYATE R COUNTY
S. SEX 7. RACE 8. MARRIED NEVER MAI	RRIED . C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVO	Daytona Beach, YES NO
D. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. I	der 24 Hrs. E. STREET AND NUMBER urs Min. 605 Bera Street
1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Jacksonville, Fla. WHATCOUNT	e Fredrick Dodge
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR lane during most of working lile, even if retired)	INDUSTRY 15. MOTHER'S MAIDEN NAME
Teacher	Mildred Bennett
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL Yes, no or unknown)(II yes, give war or dates of service) SECURITY	Y NO. 18. INFORMANT ADDRESS Daytona Bea
Yes	Herbert Thompson - 90 - 2nd St. Fla.
7541	BETWEEN ONSET AND DEATH
LEADING TO DEATH	Incised wounds of upper extremities
(This does not mean the made of dying, e.g., (A)im	MEDIATE CAUSE UE TO, OR AS A CONSEQUENCE OF:
heart failure, osthenio, etc. It meons the disease, injury ar complication which coused deoth.)	
ANTECEDENT CAUSES (8)	
	UE TO, OR AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
P 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPER.	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPER	ATION WAS PERFORMED 21. AUTOPSY? (Yes or No)
	Yes
UNDERLYING KIOR CONTRIB. home, farm, loctory,	JURY (e.g., in ar about 22C. WHERE DID (II in Baltimore City, give exact location) 40 street, office bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. HO te 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OC	
OF INJURY	NOT WHILE
(APPROX.) 12-2 or ? m. WORK	AT WORK X Cut self with razor
I certify that I held on Inquiry Inspection	Autopsy X and that on this basis, death in my opinion
resulted from: Natural causes Accident	Suicide Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MANY J.	M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) Charles S. Springate,	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CREMOVAL (Specify)	CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 12-8-70 Sunset	Memorial Park Daytona Beach, Florida
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRA	
DECT TOTAL BLACK THE STATE OF THE	Herbert Thompson - 90, - 2nd ot



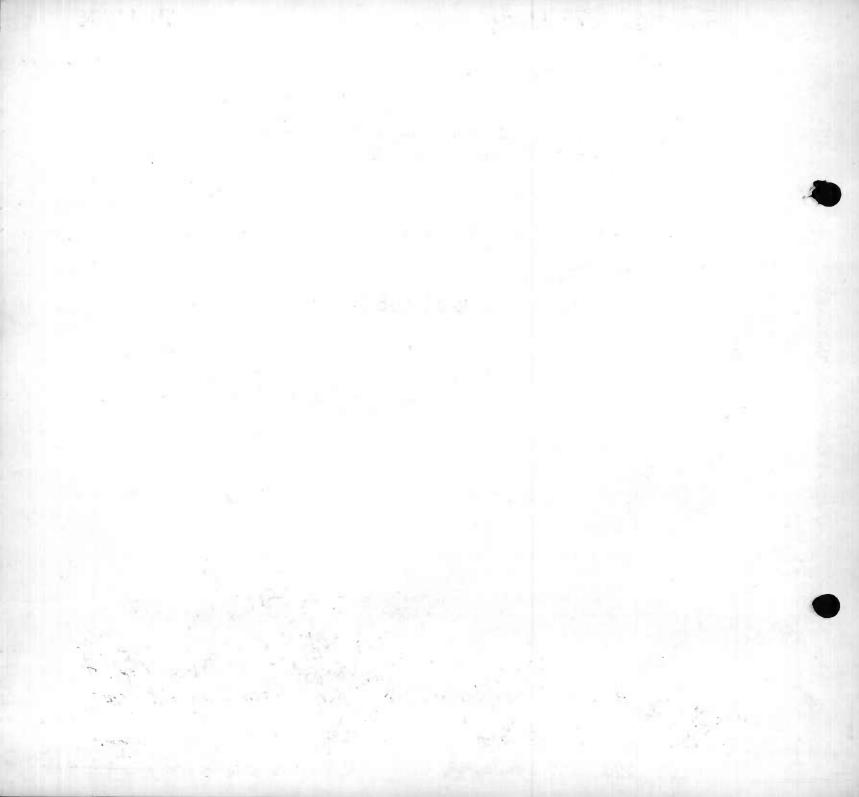
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased A. STATE B. COUNTY lived. It institution: residence before admission) C. CITY OR JOWN (It outside city limits, write RURAL and give township) mun (If rural, give tocation) D. STREET ADDRESS mer 9. AGE (In years B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. Months Doys lost birthday Hours 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? (1:3:11 14. MOTHER'S MAIDEN NAME Susie Jones 17. INFORMANT ADDRESS Edith Carter 717 Wilmer Court. INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? rvone 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DtD home, tarm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR? ond that in (my) (our) opinion deoth occurred on the dote and hour and from the couses stated obave. (I) (We) (did) (did not) view the body ofter death. 23 B. DATE SIGNED Med. Director 23D. ADDRESS 24D. LOCATION (City, lown, or county) (Stote) Baltimore Md. ADDRESS 25C. FUNERAL DIRECTOR Mary-Elizabeth Law 802 Madison Ave.

VS 150-REV. 1/1/65



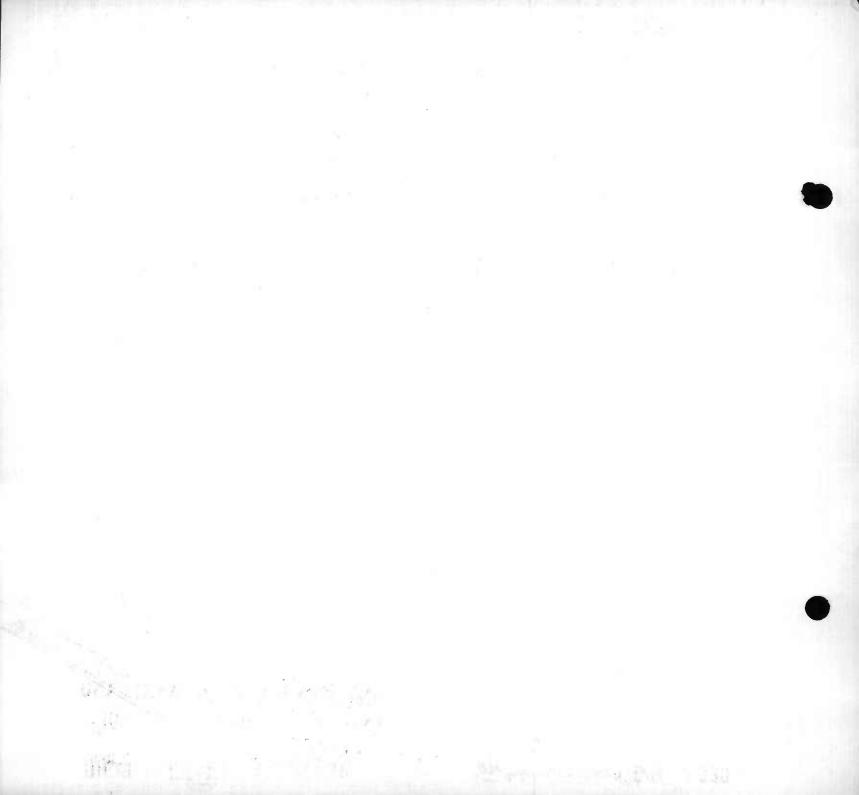
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1 - 4 70 11-	BALTIMORE CITY	HEALTH DEPARTMENT	· ·	20 44004
7-432 70 1188	4 CERTIFICA	TE OF DEATH	REG. NO	70 11864
NAME OF DECEASED	1		D HOUR OF DEATH	4.
Tields, diel	lee-		-3-7	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whe	TY	institution; residence before admissio
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
Lin colu Memoria	e Muroing Home	Bullishor	e	YES NO
27 1 Carey St. Buttin	we Maryland.	E. SIREET AIRE INGINISA	rey Str	eet
SEX F 6. RACE N 7. MARR	RIED NEVER MARRIED DIVORCED	12 14/94	9. AGE/In years last birthday)	If Under 1 Yr. If Under 24 H Months Days Hours Min.
DA. USUAL OCCUPATION (Give kind of work 108, KINI	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNT
ane during most of working life, even if retired) Was Rowwy U	nknown.	den Kno	non	u.s.A
B. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Un Known		Unk	n	
. Was Deceased Ever in U. S. Armed Forces? es,na ar unknown) (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		26 ADDRESS
es, no di dikandani (ili yes, give wei ei deles ei seivi	121-47-2718	SUSIE	Sentin	Davison
18. 6/ 10 7	CAUSE OF DEATH	00010	2 (11 () ()	APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY			0	BETWEEN ONSET AND DEA
LEADING TO DEATH		- P 25 - 20 11 2 -	5/1000/	4
(This daes not mean the made at dying,	e.g., (A) IMMEDIATE CAU	A CONSEQUENCE OF:	y 1 kromb	Server
heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	ase,	100	9,	
	1-11	Sillente 1	last 1	1111
ANTECEDENT CAUSES	(0)	A CONSEQUENCE OF:		Jevis
DISEASES OR CONDITIONS, if any, gi	3	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(c)			
II.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE				
	JAL			
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F			IN CERTIFYING C	AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., it home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltim	ore City, give exoct location)
21D.TIME (Manth) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S 01 11430K1	White At Not While			
(APPROX.)	Work LAt Work			
22. I certify that (I) (this haspital) attend	ed the deceased fram	2 - 2 -	19 70 to	12 - 3 197
that (1) (we) lost saw the deceosed alive	on 12/3/70	19ond th	ot in (my) (our) o	pinion deoth accurred an the
	/ /			
and hour and from the couses stoted abov	e. (I) (me) (ala) (ala not) v	lew the body offer deoffi.		23 B. DATE SIGNED
23A. SIGNATURE	Atta	nding Med.	Staff	23B. DATE SIGNED
John Juna	DEGREE Phys		Phys.	135 4-10
23C. PHYSICIAN'S NAME (Type) HOLLIS SE		23D. ADDRESS (801	rei berry 1	a BAT and
4A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY of CRE	MATORY 24D. L	OCATION (City, town, or county) (State
REMOVAL (Spegify)	C. IT AIVIE OF CEIVIETER OF CRE			City, town, ar county) (State
	C. NAME OF CEMETERS OF CRI	1	0 11	'A AND A
Derial 12/10/20)	Mt. Calvary	Cer	las Hel	e, ml.
Served 12/10/70 258. DATE REC'D BY HEALTH DEPT. 258. NA	Mt. Calvary	25C. FUNERAL DIRECTO	las Hel	e, ml.
Decreal 12/10/20)	Mt. Calvary	Cer	Ear Hee	e, me.



FUNERAL DIRECTOR:

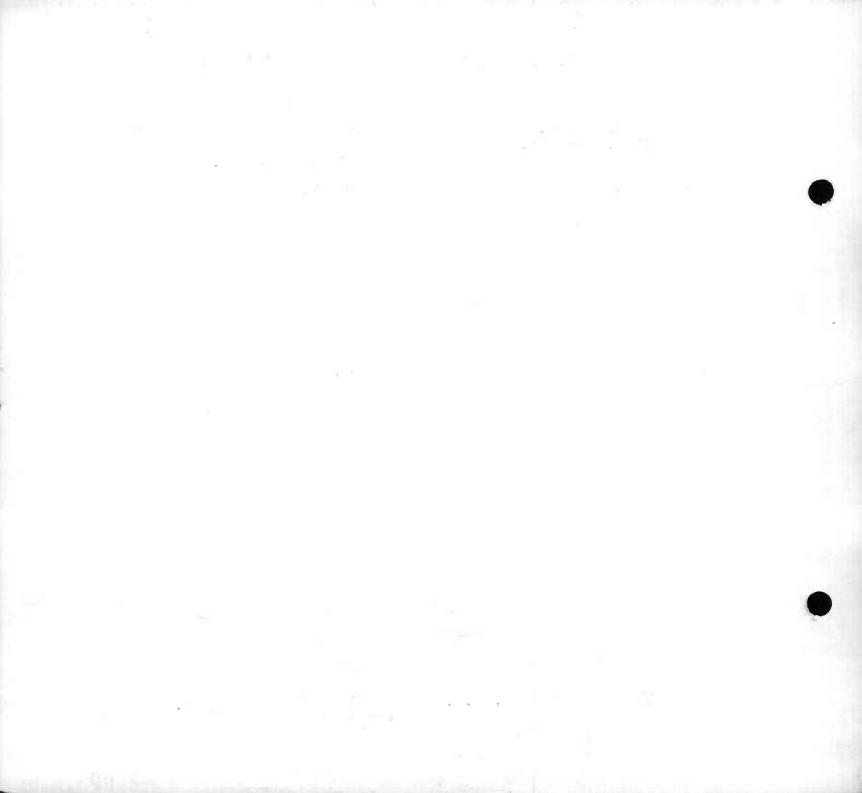
	M iles BALTIMORE CIT	Y HEALTH DEPARTMENT
		TE OF DEATH REG. NO. 70 11865 4
	(Type or Print) Bhp (Salara) D/(a a) M'/	2. DATE AND HOUR OF DEATH
	3. PLACE IN BACTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, if institutions residence before admission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
3	Church Home + Haspital	E. STREET AND NUMBER 524 N LAKELDOOD AVENUE
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years lost birthday) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME LODED JAMES MINER 15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give war or doles of service) 16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME ROSE HARY BRICKS 17. INFORMANT ADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease, injury or complication which coused death.)	A CONSEQUENCE OF:
	ANTECEDENT CAUSES (B) Post-	maturity
۱	DISEASES OR CONDITIONS, if any, giving ise to the above couse (A) stoling the UNDERLYING CONDITION lost.	A CONSEQUENCE OF:
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF home, farm, factory, street, off	or obout 21C. WHERE DID (II in Baltimore City, give exect location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While AI Not While	21F. HOW DID INJURY OCCUR?
ı	22. I certify that (I) (this hospitol) ottended the deceased from	
	that (i) (we) last saw the deceosed olive on 2/2	19 TO ond that in (my) (our) apinion death occurred on the date
ŀ	ond hour ond from the couses stoted obave. (1) (We) (did) (did not) vi	ew the body ofter death.
ľ	Honorate Mr. Bergson M. D. D. Phys.	ding Med. Shoff Med. Director Phys. 23B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	INATUMY BOARD OF MARYLAND
L	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	INIVERSITY MEDICALICISCHOOLIN (Stotel
2	SA. DATE REC'D BY HEALTH DEPT. 1258 NAME OF REGISTRAR.	"MORTUARY SERVICE - BCHO"
V	3 13U-REV. 1/1/08	



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BIR	TH NO.	11867 CERTIFICA	TE OF DEATH	REG. NO	70 11867
(Typ	IAME OF DECEASED			D HOUR OF DEAT	н
2 1	WATERS, N	ary Louise	12/2	/70 1:20	P
J. 1	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE B. COUN	re deceased lived, If	institution; residence before admiss
HO	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	L OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
	Century Home,	Inc	Balte		YEST NO
4	() 102 N. Paca S	t.	E. STREET AND NUMBER		
_	Balto Md		1429 Brun	t St.	
5. S	EX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Months Doys Hours Mi
	fn	WIDOWED DIVORCED	9/12/00	lost birihdoyl	Months Doys Hours Mi
IOA.	USUAL OCCUPATION (Give kind of work	IOB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COU
done	during most of working life, even if retired)				
13. F	FATHER'S NAME		14 440-11-0-1		
	· · · · · · · · · · · · · · · · · · ·		14. MOTHER'S MAIDEN NAM	ME	
15. V (Yes,	Nas Deceased Ever in U. S. Armed Forc ,no or unknown) (If yes, give wor or dotes	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	18. // / / //	217 05 1538 CAUSE OF DEAT			1 APPROVING TO LARRY
	DISEASE OR CONDITION DIR				APPROXIMATE INTERV BETWEEN ONSET AND D
	LEADING TO DEATH	Cara	io-Respirator	y Taile	ne
	(This does not meen the mode of	dying, e.g., (A) IMMEDIATE CAL	A CONSEQUENCE OF /		
	heart failure, asthenia, etc. If means injury or camplication which caused		In Hea	it tail	ine
	ANTECEDENT CAUSES		. 0	KIIN	
		(B) (C) (B)	uncleyote	COL	77
	DISEASES OR CONDITIONS, il a rise lo lhe obove cause (A)	ny, giving DUE TO OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(c) Sen	ility		
_	11				
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING			
A	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	1 (Δ).	*****************************	*******************	
ᆵᆙ	19A. DATE OF OPERATION 198. COND	ITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSIDERED
EN I				" CEKIIPIING C	AUSES OF DEATH?
. 10	2TA. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., li home, form, foctory, street, of	or obout 21C. WHERE DID	(li in Baitimo	re City, give exoct locotion)
St. 11	DEATH (notify medical examined)	elc.)	TO SINGIPLE OF COM!		
M ()	21D. TIME (Month! (Doy) (Year	(Hour 21E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
51	OF INJURY (APPROX.)	While At Not While			
	22. I certify that (I) (this haspital)			969 to De	
	that (1) (we) last saw the deceased		19 0 and tha	t in (my) -(my) op	Inion death occurred on the
c	and hour and from the causes state	d above. (I) (did nat) v	ew the bady after death.		
2	3A. SIGNATURE		,		23B DATE SIGNED
	Luclas I COA	Aller Aller	Med. Director	Staff Phys.	
. 2	23C. PHYSICIAN'S	DEGREE Phys	3D. ADDRESS	hys. Ll	<u> </u>
	NAME (Type)	and the same of th			
		feld, M.D. DEGREE	6615 Reisters	town Rd.	Date 1315
24A.	BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CE	MACHINE V PRINTE	मार्ग मार्ग	in total office (Stote
	18-3-	70	THE COURT DOWN	THE STATE OF	
25A.	DATE REC'D BY REALTH DEPT. 2	58 NAME OF REGISTRAR	V 2VETUVE LE DIRECTO	FDICAL S	CHOOLADDRESS
JE	C7 TH REEL	a. Bu. As A	A PRINCIPLE AND MAN	ARIBUM E	AFF A PERSONAL
-	50-REV- 1/1/68		LWARTHARY	CEDWICK	TEN T
'S 1					



VICE NO	BALTIMORE CIT	Y HEALTH DEPARTMENT	70 44660
	11868 CERTIFICA	ATE OF DEATH REG. N	10. 70 11868
1. NAME OF DECEASED (Type or Print)	Kau Iman	2. DATE AND HOUR OF E	DEATH 4 21 17
3. PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased hive	ed If institution residence before admission
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION GIVE STREET	mo.	28-43
(Z)	. 1	C. CITY OR TOWN	O. INSIDE CITY LIMITS?
42 - 12NAI	HOCD.	E. STREET AND NUMBER	YES NO NO
79 0/10/11	riost	1 25 18 Tallio	T Rd 21216
	MARRIED NEVER MARRIED VIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE III year	Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10)		Y 11. BIRTHPLACE State or foreign country)	12. CITIZEN OF WHAT COUNTS
done during most of working life, even if retired) Solesman		Maril	USO
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	7738
Edward M		Famous	
5. Was Deceased Ever in U. S. Armed Forces Yes, no or unknown) (If yes, give war or dates o	16. SOCIAL	17. INFORMANT	ADDRESS
NO 1 Yes, give way or doles o	\$ SECURITY NO. 217-03-951	N. Sansoft I	
18. 4/19 21	CAUSE OF DEA	H 42004	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIREC	TLY	- /	BETWEEN ONSET AND DEAT
LEADING TO DEATH (This does not mean the made of dy	(A) IMMEDIATE CA	USE Cardy gence Short	- days
hearl failure, asthenia, etc. It means the	disease.	A CONSEQUENCE OF:	
injury or complication which caused dec	oth.)		7
DISEASES OR CONDITIONS, II any	(B) M	extur lent all	un yrs.
rise to the above cause (A) sta	, giving DUE TO, OR A	A CONSEQUENCE OF:	
UNDERLYING CONDITION last.	(c) COLON	my cittery & Dia	se geass
OTHER SIGNIFICANT CONDITIONS CONTR	IDUITALC		
TO THE DEATH BUT NOT RELATED TO THE TO DISEASE OR CONDITION GIVEN IN PART 1	FRAINAL	<i>V</i>	
19A. DATE OF OPERATION 19B. CONDITI	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, V	WERE FINDINGS CONSIDERED
19A-DATE OF OPERATION 19B. CONDITION WAS PERFORM	MED	IN CERTIFYING	G CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF CONTRIBUTING EXAMINED	21B. PLACE OF INJURY (e.g., hame, farm, foctory, street, c	n ar about 21 C. WHERE DID (If In Bo	ltimore City, give exact location)
	loud 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not Whi Wark At Work	e 🗍	
22. I certify that (1) (this hospital) at		11/26 19 70 10	12/4 10 70
that (1) (we) last saw the deceased o) opinion death accurred on the dat
and haur and from the causes-stated	, ,	law the body ofter death	, opinion death accorded on the agr
23A. SIGNATURE	10 X T	new the body differ death.	23B, DATE SIGNED
Han Allen	ply my Ath	anding Med. Staff Phys.	12/4/20
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1 / 1/2
HLAP OF	Elattera mo	SINAI LL	×1×
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	MATORY 24D. LOCATION	(City, town, or county) NStotel
Bureal 12/6/70	Helsew Fr	endolino Balta	md.
SA. DATE REC'D BY HEALTH DEPT. 25B	NAME OF REGISERAR	25G. FUNERAL DIRECTOR	Son 9610 RADDRESS
DEC 8 1970 Palent E	designed west."	adram donne y	son This Keroterstown
'S 150-REV. 1/1/68			

use of death ; (5) Deceased dance on the death. Such	B 1. (1
the direct or contributing ca kind; (4) Undetermined cause, death was in regular attent ice on the deceased prior to inal disposition is made.	5. 10 do
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	MEDICAL CERTIFICATION
t d w b	VS

1/2-1	BALTIMORE CIT	Y HEALTH DEPARTMENT	M10
H-550 70 1	1869 CERTIFICA	ATE OF DEATH REG. NO.	70 11869
Type or Thin LARD	ANNON	2. DATE AND HOUR OF DEATH	12/4/70
B. PLACE IN BALTIMORE, MARYLAND, WH		4. USUAL RESIDENCE (Where deceased lived. If ins.	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATION)	OR INSTITUTION, GIVE STREET	BALTO, MD.	27-12 DE CITY LIMITS?
UNIVERSITY H	OSPITAL	E. STREET AND NUMBER 104 WITHERS POON	YES NO
. SEX 6. RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH/ 9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
	WIDOWED DIVORCED	19/9/12 lost birthday	Months Doys Hours Min.
0A. USUAL OCCUPATION (Give kind of wark it along during most of working life, even if retired) RESTAURA WT M NGR	B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or loreign country) MASSA CLASSICAL	12. CITIZEN OF WHAT COUNTRY
FATHER'S NAME	~ 4	14. MOTHER'S MAIDEN NAME	470
LUKE HANNO		CATHERINE CO	WNOUX
5. Was Deceased Ever in U. S. Armed Force (es, no or unknown) (II yes, give wor or dotes	s? of service) 16. SOCIAL SECURITY NO.	DALICHTER	ADDRESS /
18. 1/2/0 91	CAUSE OF DEA	TH DYTOCTT &	APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRE	CTLY	Drive O as a so	BETWEEN ONSET AND DEATH
LEADING TO DEATH	. (A) IMMEDIATE CA	USE COUNTRY	11/21-12/
(This does not meon the made of d heart failure, asthenia, etc. It means th	ying, e.g., DUE TO OR A	A CONSEQUENCE OF:	
injury or complication which caused d	eath.I	earym.	
ANTECEDENT CAUSES	(8)	() 5 A CONSEQUENCE OF:	*************
DISEASES OR CONDITIONS, if on rise to the above cause (Al s	y, giving DOE 10, OR A	S A CONSEQUENCE OF:	
UNDERLYING CONDITION last	(c)		
OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1	(A).		
DISEASE OR CONDITION GIVEN IN PART 1 194 DATE OF OPERATION WAS PERFO	TION FOR WHICH OPERATION	IN CERTIFUING CALL	NDINGS CONSIDERED SES OF DEATH?
1 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,		City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH Inality medical examined	home, form, factory, street,	lfice bldg., INJURY OCCUR?	only give exect totalion,
21D-TIME (Month) (Day) (Year)	Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
21D.TIME (Month) (Day) (Yeod (OF INJURY (APPROX.)	White AI No! Whi	10 🗀	1
22. I certify that (1) (this hospital) (1101X — A) 1101X	11/2/0 10/20 12	1470
that (1) (we) last saw the deceased	. 2 1 1 1 1 2	1710	lan death accurred on the date
and have and from the causes stated			ion seam accorted at the gate
23A. SIGNATURE			23B, DATE SIGNED
a houses Trance	PAG (N.O. AH	ending Med. Staff Staff Phys.	12/4/70
23C. PHYSICIAN'S NAME (Type)	WECOTTA ALD	23D. ADDRESS UNIV-HOS PITAC	
AA BURIAL CREMATION, 248 DATE	24C. NAME of CEMETERY OF CH	EMATORY 24D. LOCATION (City	town, ar countyl (State)
PIRE NI 12/9/2	1 Brooks 1	CL.	nuce
SA. DATE REC'D BY HEALTH DEPT. 25	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
0000	Jaben RA	W. Cook- Brooks Tous	
S 150-REV-1/1/68		VV - COUNT - NOTOT PED / OCCU	on Thusa pa

DIRECTOR:

FUNERAL

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Q.

1	11/2				BALTIMORE CITY	HEALTH DEPARTMENT		-	
-	RTH NO. 1	17/4/5	70-1	187	CERTIFICA	TE OF DEATH			11871
	rpe or Print)		ORTHY.	BAR	Y BOY Heath N		EMBER 2, 19		10.20 B
3.	PLACE IN BAL				DUNCED DEAD	4. USUAL RESIDENCE I	Where deceased lived, If	institution; r	esidence before admission)
H	JLL NAME OF OSPITAL OR ISTITUTION	IF NOT ADDRES	IN HOSPITA	L OR INSTI	TUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	Baltimore Co		53-00
	1					BALTIMORE		YES	NO 🗵
1	O ST A	AGNES H	HOSPIT	AL		e. STREET AND NUMBER			
	SEX	6. RACE		· MARRIED	NEVER MARRIED XX	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Unde	Pl Yr. If Under 24 Hrs. Doys Hours Min.
	ALE	WHITE		WIDOWED		12 02 70		1410111113	11 1
qo	NFA	working life, eve	kind of work] n if retired)		F BUSINESS OR INDUSTRY	MARYLAND	foreign country)		ZEN OF WHAT COUNTRY?
13,	FATHER'S NA	ME				14. MOTHER'S MAIDEN	NAME) 3 A
	RICHARD						(PAIKERT)		
(Ye	Wes Doceased s, no or unknown No	(If yes, give	wor or dotes	of service)	16. SOCIAL SECURITY NO. None		lworthy,2308		
-	18. /	4.01			CAUSE OF DEATH	ST AGNES R	ECORDS-BALT	U MD	21229
		E OR COND		CTLY		Cu Lynn	om Goo.		BETWEEN ONSET AND DEATH
	(This does n heart failure,	oslhenia, etc.	If means I	he diseose	(A)IMMEDIATE CAU	SE A CONSEQUENCE OF:	- 1) - caa	na	7774
	injury or com	NTECEDENT		ieom.,	(B) RH	Incompat	i bibity		10 Hrs
	DISEASES O	above co	ouse (A) s			A CONSEQUENCE OF:	,		
		11							***************************************
ATION	OTHER SIGNIFITO THE DEATI	H BUT NOT REI	LATED TO THE	TERMINAL	******************	**************	***************************************		- PM 60 20 6 20 6 40 4 white pro-company
CERTIFICATION	19A-DATE OF	OPERATION	WAS PERFO	TION FOR	WHICH OPERATION	NO	(No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS USES OF I	CONSIDERED DEATH?
	21A. A CCIDEN OR CONTRIBU DEATH Inosity	TING CAU:	ERLYING DE OF	218 hor etc	S-PLACE OF INJURY (e.g., in ne, form, foctory, street, off J	or about 21 C. WHERE OIL ice bldg. INJURY OCCUR	(If In Boltimo	re City, give	s exect focotion)
MEDICAL	21D. TIME OF INJURY (APPROX.)	[Month] (Do	y) fYeor)		INJURY OCCURRED Not While		INJURY OCCUR?		
	22. 1 certify	that (I) (this	hospital)		the deceased from DE	CEMBED 0	10 70. DE	051/05	D 6 10 T 6
	that (1) (we)	lost sow the	deceased	olive on_	DECEMBER 2	19 <u>70</u> and	that in (my) (our) op	CEMBE Inion deoi	R 2 19 70 h occurred on the dote
			uses state	d abave. (I) (We) (dld) (dld not) vi	ew the body after dear	th.		
	23A. SIGNATU	rita	- An	nou	M CORE Atter	iding Med.	Staff XX	23B DAT	13/70
	23 C. PHYSICIA NAME (Ty					3D. ADDRESS	-	.1	
24/	BURIAL CREA	AATION 248	BUNYC		AME of CEMETERY OF CRE	ST AGNES HO	SPITAL - CAT	ON &	WILKENS AVE
	REMOVAL IS Burial		12/7/70						21227
25/	DATE REC'D			SB. NAME	adowridge Memo:	1 25C, FUNERAL DIRECT	Ilkridge, Howa	ard. M	ADDRESS 21133
	DEC8		Bent E					ty Rd.	Randallstown
VS	150-REV. 1/1/6	R							

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VS 150-REV. 1/1/68

BIR	-532 CERTIF		TE OF DEATH REG. NO.	70 13	1872
1. N	AME OF DESASEDY BURL ATURALAN		2. DATE AND HOUR OF DEAT	n 12/5/7	70 6:25PM
FU HC	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD LL NAME OF SPITAL OR INSTITUTION, GIVE STREE SPITAL OR ADDRESS OR LOCATION) TITULION	A	A. STATE B. COUNTY BALLINGE C. CIDY OR TOWN D. 11	institution; reside Mary 1 NSIDE CITY LIMIT:	and 530
5	nai Hospital Baltinore, Belved Sinai Hospital Baltinore, Maryland 12, at brewning 2721	lie	E. STREET AND NUMBER IN BEHAVIOR	YES 🔀	NO - breengang
5. 5	Penule 6. RACE WILL 7. MARRIED NEVER MARRIE WIDOWED DIVORCE	D 🗌	B. DATE OF BIRTH 9. AGE (In years 11/29/10 birthdoy)	If Under 1 Months: Do	Yr. If Under 24 Hrs. Ys Hours Min.
don	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IND adving most of working life, even if retired) Infant	OUSTRY	11. BIRTHPLACE (Stote or foreign country) Mary land Mary land	12. CITIZEN	U.S. A.
13.	Vey C. Loudsman		14. MOTHER'S MAIDEN NAME MARY EV	elyn Klei	n
1 .	Was Decadesed Ever in U. S. Armed Forces? , no of unknown) (If yes, give wor or dotes of service) No. No.		Mr. Jay C. Landsman,2000		Dr. 21207
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIA	ATE CAU	SE Rispuratory Fachure		PPROXIMATE INTERVAL MEEN ONSET AND DEATH
	heort failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES (B)	lui	CONSEQUENCE OF: J Hearbyane Piscare		/
	DISEASES OR CONDITIONS, it any, giving tise to the abave cause (Al stating the UNDERLYING CONDITION tast.	eu.	a consequence of: Turty		***************************************
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	che	Esophagual Fistula.		
ERTIF	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Tracker of Lycel Fist 21A. ACCIDENT WAS UNDERLYING [21B. BLACE OF INJURY]	rle.g., in	20A. AUTOPSY? (Yes or No) 20B. IF YES, WER IN CERTIFYING C	RE FINDINGS COI CAUSES OF DEAT	
U	OR CONTRIBUTING CAUSE OF Shome; form, foctory, str	reet, off	ice bldg., INJURY OCCUR?		
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY (APPROX.) While At No	et White Work	<u></u>	1./2	
	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on	1	19 70 to /v	pinton death a	19
	and haur and fram the causes stated above. (i) (We) (did) (did	nat) vi	ew the bady after death.	23B. DATE SI	GNED
	Ofbelia Kargula M. D. DEGREI 23 P. PHYSICIAN'S OPPORT TO TARREST	Phys.		12/5	/70
	Ochrise Darzing	D. Z	June Hypital of Balli		, Maryland
24A	Burial 12/7/70 St. Alphonsus	or CRE		City, town, or con	21103
25A	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAN	Q 40 Ag	25C. FUNERAL DIRECTOR Loring Byers, 8728 Liber	-	DDRESS

2020 Wordlawn Br.

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P 120 - 110-	BALTIMORE CITY	HEALTH DEPARTMENT		70 11873
C-620 70 11873	CERTIFICA	TE OF DEATH	REG. NO	70 11075
I. NAME OF DECLASED RAlph R. Carrick S	Sr	2. DATE AND	HOUR OF DEATH2	14.170 PM 0.550
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	CED DEAD	4. USUAL RESIDENCE (Whore d	occosed lived. If inst	titution: tesidence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) INSTITUTION LUCY CAP (4) Epital, Baltimore		Md Maryland	215 D. INSID	DE CITY LIMITS? YES THE NOTE OF THE PROPERTY
Sulheran HOS	P.	E. STREET AND NUMBER 5 5217 WILTON	217 Wilton	
MM WIDOWED	NEVER MARRIED DIVORCED		bishday) 76	If Under 1 Yt. If Under 24 Hrs. Months Doys Hours Min.
FOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BU	ISINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
Retired Baltimore	e Transit	Baltimore, Mary	land	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Benjamine A. Carrick		Mary R. Laughli	n	
15. Was Decaasad Ever in U. S. Armed Forcas? (Yes, no or unknown) (If yes, give wor or dates of service) No.	SOCIAL SECURITY NO. 213-10-0258	17. INFORMANT Mrs. Alice Estel	la Carrick	5217 Wilton Heights Baltimore 21215 Md
18. 410.9	CAUSE OF DEATH		Δ	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		Condin Co	11100	SETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU		MIT	
heart failure, astherio, etc. It means the disease, injury ar camplication which caused death.)	DUE TO, OR AS	CONSEQUENCE OF:	(I)	
ANTECEDENT CAUSES	14	D 14. 200 1	101	
DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	in Infa	CONA
nise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)		V	
z !I				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	CH OPERATION	20A. AUTOPSYZ(Yes) or No.) 2	R IF YES WEDE EI	NDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 199A. DATE OF OPERATION 1998. CONDITION FOR WHITE WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 17			CERTIFYING CAU	SES OF DEATH?
		or obout 21 C. WHERE DID	(If In Boltimoro	City, give exect location)
OF INJURY (Manth) (Doy) (Year) (Hour) 21 E INJ	URY OCCURRED	21F. HOW DID INJURY	OCCUR?	
(APPROX.) While A	Not White			
22. I certify that (i) (this hospital) attended the d	leceased fram	9 9 19	10 to 2	. (1970
that (I) (we) last saw the deceased alive an	2 (19and that !		an death accurred an the date
and have and from the causes stated above. (1) (W	(e) (did) (did nat) vi	ew the bady after death.		
23A. SIGNATURE	Alter Phys.	ding Med. Stof	. 	23R DATE SIGNED
23C. PHYSICIAM'S NAME (Type) QR. 1. BALMRAS	Droker	3D. ADDRESS	Hospitala	Brillor 21216 Md.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	of CEMETERY OF CRE	MATORY 24D. LOCA	TION (City,	, town, or county) (State)
	aine Park Ce	metery Wood	lawn, Baltin	more, Maryland
DEC 8 1970 Rober EL Janes N	EGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS Rd.Randallstown, Md.
/S 150-REV, 1/1/68				

1	-152	70	416		CITY HEALTH DEPARTM		70 11874	
BIRT			776	374 CERTIFIC	LATE OF DEA	ATH A		
	AME OF DECEASE e or Printl		37	T 1717177 011	2. 5	DATE AND HOUR OF DEAT		
3 9	LACE IN BALTIMAC	RUTH PRE, MARYLAND, V	N.	LEVINSON	II. MENAL RESIDEN	December 3,	1970 7:30 P.M.	
3. 1	LACE III BALIMIC	MARILAND, 1	WHERE PAC	NOUNCED DEAD	A. STATE	B. COUNTY	f institution: residence before admission)	
FUL	L NAME OF	ILE NOT IN HOSPI	TAL OR IN	STITUTION, GIVE STREET	Maryland	Balti	more	
INS	IIIUIION				C. CITY OR TOWN	D. II	NSIDE CITY LIMITS?	
	1 St	Agnes H	ospita	1	Arbutus		YES NO	
4		aton & Will			E. STREET AND NU			
5. SI		altimore,				eway Terrace		
	male			ED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.	
		White	WIDOW		☐ 1-23-190 6	64		
done	during most of working	ng life, even if retired)	A TOB. KINE	OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY?	
	Housewife				Mar	yland	U.S.A.	
13. F	ATHER'S NAME				14. MOTHER'S MAIL	DEN NAME		
	Leona	ard Brooks	5		Eli	zabeth Cook		
15. V		in U. S. Armed Fo		I 6. SOCIAL	17. INFORMANT	Zabelli dook	ADDRESS	
(res,	No	es, give wor at dol	es of service	SECURITY NO.	Mr Oscar	Mr. Oscar Levinson, 4734 Gateway Terrace		
-	18 // / 6	0.7 %	- 13	CAUSE OF D		Heviliadii, 4/3		
DISEASE OR CONDITION DIRECTLY						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		DING TO DEATH	KECTLY	AC	UTE LORG	INARY VCC	LUSION 6 has	
	(This does not mean the mode of dying, e.g.,							
	hearl lailure, aslhe injury or Complica	enia, etc. Il means lian which caused	the disected in the death.)	ise,	0 4 51 7	\		
	ANTECEDENT CAUSES AS S.C. V. D.							
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:							
l 14	use in the above cause (A) stating the							
	UNDERLYING CONDITION last, (c) FIGHT CIRCLES TO THE TOTAL TOTAL CONTROL OF THE CO							
z	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
임	O THE DEATH BU	T NOT RELATED TO T	HE TERMIN	IG AL				
CERTIFICATION	PADATE OF OPE	TION GIVEN IN PAR	IDITION FO	DR WHICH OPERATION	20A. AUTOPSY? (Y	es or Noll 208 15 VEC WEE	E EINDINGS CONSIDERED	
THE	19A DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A.					IN CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?	
3	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or of					DID (If In Boltin	nare City, give exact location)	
7	OR CONTRIBUTING CAUSE OF home, farm, factory, street, off DEATH (natify medical examined)			office bldg. INJURY OC	CUR?	indica only give exect tocollen)		
OI		nth) (Doy) (Year)	(Hour)	21E INJURY OCCURRED				
3 19	OF INJURY	inii (Doy) (1eon	(1100#			DID INJURY OCCUR?		
	(APPROX.) While At Wark At Wark							
2	22. I certify that (1) (this hospital) attended the deceased from 1 - 23 19 50 to 12 - 3 19 70							
1	that (1) (we) last saw the deceased alive on 12-3 19.70 and that in(my) (our) apinian death occurred on the date							
	and hour and from the causes stated obove. (1) (We) (did) (did not) view the body ofter deoth.							
	23A. SIGNATURE 23B. DATE SIGNED							
	Attending Attending Med. Sheft C							
1	23C. PHYSICIAN'S							
	NAME (Type)	Norman B	710	iman		1- A -		
24A.	BURIAL CREMATIO	Norman R		.NAME of CEMETERY of	REE 38U3 Edmor	ndson Avenue, B		
	REMOVAL (Specify	y)					City, town, or county) (Stote)	
	ırial	12-7-19		Loudon Park Co		Baltimore, N		
25A.	DATE REC'D BY H			OF REGISTRAR	25C. FUNERAL DI		ADDRESS	
	DECO E	الل المراجعي	المال المال	Ben, M.D.	Howard H	Hubbard, 410	7 Wilkens Ave. 21229	
VS 1.	50-REV. 1/1/68							

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AND AND THE RESIDENCE OF THE PARTY OF THE PA

The same tipe to the part of t

W-355 70 11	275	Y HEALTH DEPARTMENT	REG. NO	70 11875				
BIRTH NO. 1. NAME OF DECEASED (Type of Print)		2. DATE	AND HOUR OF DEAT	н				
WILLIAM	FORD WEIDMA	N , JR: Dec	ember 4, 19	70 17:00 A.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUN CED DEAD	4. USUAL RESIDENCE (W	here deceased lived II					
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION)	L NAME OF (IF NOT IN TOURS OF INSTITUTION CIVE STREET			Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS				
				ISIDE CITY LIMITS?				
2841 W. Lafaye	tte Avenue	Baltimore YES NO						
Baltimore, Mar		E. STREET AND NUMBER 2841 W. Laf	ayette Aven	ue				
5. SEX 6. RACE 7. MA	RRIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	1 4 11 J 1 V 11 11 0 C				
Male White WID	OWED DIVORCED	8-20-1915	lost birthdayl 55	Months Days Hours Min.				
IOA. USUAL OCCUPATION (Give kind of work 108, K	IND OF BUSINESS OR INDUSTR	1 11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY				
ione during most at working life, even if refired								
Retired Butcher 3. FATHER'S NAME		Maryland	d	USA				
		14. MOTHER'S MAIDEN N.	AME					
William Ford Wei	dman, Sr.	Wilhelmina	a Longley					
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of so	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
No	218-01-4522	Mrsg. Trans E. T	Jedd - Con					
18. 1 = 0 0 1	CAUSE OF DEAT	MIS. IIMA E.	weldman, 648	Brisbane Rd. 21229				
103.8		in		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Λ .	D 1					
(This does not mean the made of dying	(A) IMMEDIATE CA	USE Carcinoma	of color	n / mos				
heart lailure, asthenia, etc. It means the di	sease,	A CONSEQUENCE OF:						
injury ar camplication which caused death,	injury ar camplication which caused death.)							
ANTECEDENT CAUSES	(0)			1				
DISEASES OR CONDITIONS, if any,	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS							
rise to the above cause (A) stating] lhe							
UNDERLYING CONDITION last.	(C)		***************	***************************************				
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING							
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART I (A).	***************************************	***************************************						
TO THE SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
21A ACCIDENT WAS UNDERLYING	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in							
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	home, form, foctory, street, o	lice bldg. INJURY OCCUR?	(II In Boltime	ore City, give exact location)				
21D.TIME (Month) (Doyl (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID IN	Illey occurs					
OF INJURY (APPROX.)	While AI		JUNI OCCUR:					
(AFFROA)	Work At Work		200					
22. I certify that (1) (this hospital) attended the deceased from May 19 19 to Dec 4 19 10								
	The state of the s							
and hour and from the couses stated above. (1) (We) (did not) view the bady after death. 3A. SIGNATURE								
AII . A A	238, DATE SIGNED							
Mycham B. K	Dec 4 1970							
23C. PHYSICIAN'S NAME (Typel B.	DEGREE PRY	23D. ADDRESS	Phys.	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1				
Abraham Hurw	itz MD	7501 Liberty Ro	nad Boot	inoso no				
	DEGREE			, MA				
NEW TOPECHY	4C. NAME of CEMETERY OF CR		LOCATION (C	City, town, or county! (Stotel				
Burial 12-7-1970	Loudon Park Ceme	tery B	altimore, Ma	arvland				
A. DATE REC'D BY HEALTH DEPT. 258. N	ME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS				
DEC 8 1977 OLBER E Mad	See A.D. U	11 6 9 7 1.4	APP.	Wilkens Ave. 21229				
S 150-REV. 1/1/68								

1. 4 . 4 . C. and the first of the the second of th

DIRECTOR:

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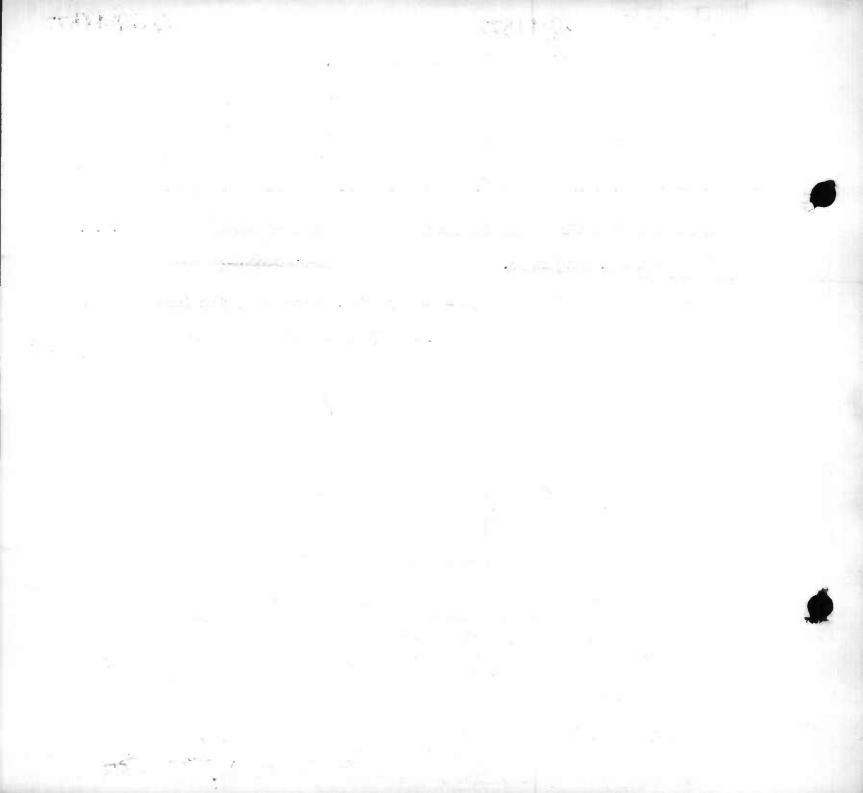
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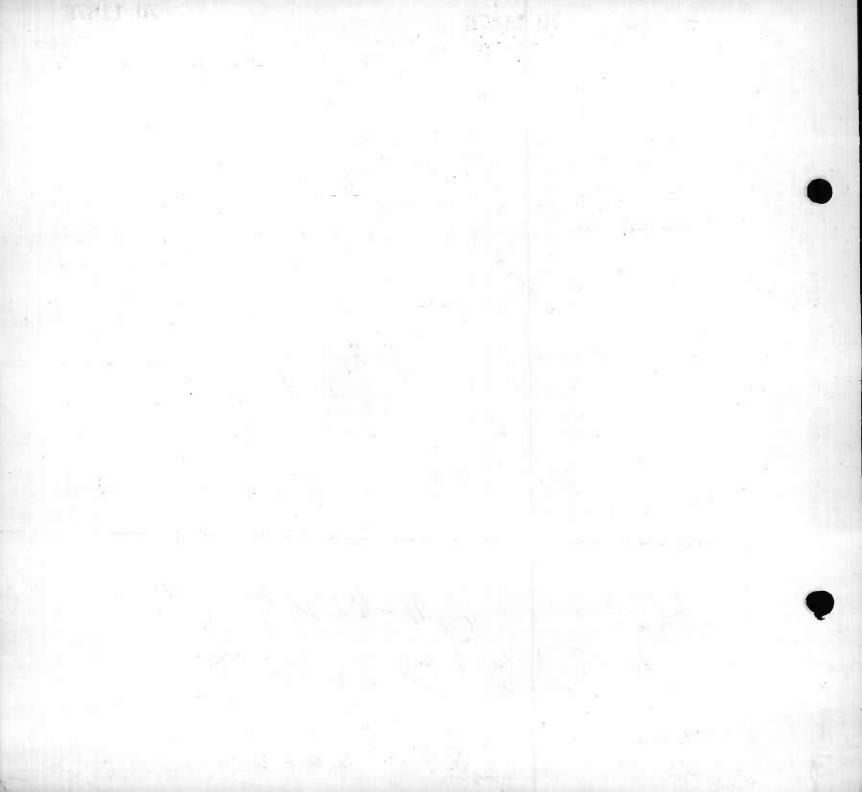
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FUNERAL DIRECTOR:

B-525 70 11877		HEALTH DEPARTMENT REG. NO.	70 11877					
1. NAME OF DECEASED)	DATE AND HOUR OF DEATH						
(Type or Print) ABNER !	SINGHAN	1 Jr. DEC 5, 197	10 1 9 50 Am					
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATIONI		A. STATE B. COUNTY Frederick County Frederick						
		C. CITY OR TOWN D. INSIDE CITY LIMITS?						
MD. GENERAL HOSP.		E. STREET AND NUMBER 1200 TANEY AVE						
WIDOWED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 5 -0 1 -05 9. AGE (In years lost birthday) (5	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.					
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BU done during most of working life, even if retired)		11. BIRTHPLACE (State or loteign country)	12. CITIZEN OF WHAT COUNTRY?					
Retired Trainmaster B&O Ra	ilroad	Maryland	U.S.A.					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
Abner B. Bingham Sr.		Annie Roboson						
(Tes, no or unknown) (II yes, give wer or dotes of service)	SECURITY NO. 210-09-6267	Mrs. Beatrice Bingham (sa	me as above)					
18. /5 / 9 1	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
LEADING TO DEATH	LEADING TO DEATH CARCINOM A, CASTRIC WITTES (READ)							
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A)IMMEDIATE CAUSE							
injury or camplicolion which caused deoth.)	liege, retine, astrictiff, atc. it medus me disease,							
ANTECEDENT CAUSES	(B)							
DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) stoling the	DUE TO, OR AS	A CONSEQUENCE OF:						
UNDERLYING CONDITION last.	UNDERLYING CONDITION last. (C)							
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)								
19A-DATE OF OPERATION 19B CONDITION FOR WHICH	1111	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?					
OR CONTRIBUTING CAUSE OF home, for class of DEATH inofify medical examined	CE OF INJURY (e.g., in arm, factory, street, alf	or obout 21 C. WHERE DID (II in Boltimor lice bidg., INJURY OCCUR?	e City, give exact location)					
I S IOF INJURY	URY OCCURRED	21F. HOW DID INJURY OCCUR?						
(APPROX.) While A	IIAPPROXI							
22. I certify that (I) (this hespital) attended the deceased from 10-27-10 19 ta 12-5 19 75								
that (1) (we) last saw the deceased alive on 12-4-19-70 and that in (my) (out) opinion death accurred an the dote								
and have and from the causes stated above, (1) (Me) (did) (did not) view the bady after death.								
23A. SIGNATURE Win Call Elling Med. Director Phys. 23B. DATE SIGNED 12-5-70								
23C. PHYSICIAN'S NAME (Type) WM CARL ES	ELINGM OFGREE	30. ADDRESS 7620 YORK RD	BALTO MO2120					
REMOVAL (Specify)	ol CEMETERY of CRES		ty, town, or county) (Stotel 7					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RI	13. 12	Knoxville, Mar						
DECS TO PLEASE FABRE AND	Total work	Etchion Finent Home	Fordenick, nd					
VS 150-REV. 1/1/68		THE LIBRAL MOCHULIANT	1 mounter, ma.					



H-52	5 70	#187	8 CEDITIEICA	TE OF DEATH	REG. NO	70 11878	
INTH NO.		3,207	CERTIFICA		AND HOUR OF DEATH		
Type or Print)	Nancy Ha	ngon				30.35	
3. PLACE IN BALT	IMORE MARYLAND, W		UNCED DEAD	4. USUAL RESIDENCE (V		institution; residence before admission	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			Maryland 15-10				
NSTITUTION 7				Baltimore		SIDE CITY LIMITS? YES \(\overline{\chi} \) NO \(\overline{\chi} \)	
Hill Bolton Wide		Convole	scent Center	3501 Berwyn			
	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr	
emale	White	WIDOWED	= =	1-13-1909	lost birthdoy)	Months Doys Hours Min.	
			BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTR	
11	rorking life, even if retired)			Columbia, Sout	th Camalina	TICA	
HOUSE1				14. MOTHER'S MAIDEN N		USA	
3. FATHER'S NAM	16			14. MOTHER'S MAIDEN P	AME		
UNKNO	WN			UNKNOW	N		
5. Wos Deceosed	Ever in U. S. Armed For	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
NO	, , , , , , , , , , , , , , , , , , , ,		223-01-4605	MRS. A. SU	UE ITZER	- 3501 Berwyn Av	
1B. /	VI		CAUSE OF DEAT		1	APPROXIMATE MATERVAL	
DISEASI	CONDITION DI	DECTLY	//	+ + 1°	(1)	SETWIEN ONSET AND DEAT	
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH						
(This does no	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSI DUE TO, OR AS A					<i>f f f f f f f f f f</i>	
heart failure, c	asthenia, etc. It meons	the disease,	DUE TO, OK AS	A CONSEQUENCE OF:	- 0	U L (In	
	injury or complication which caused death,)						
A	ANTECEDENT CAUSES (8) Privacy Site (a)						
DISEASES OF	R CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
	above couse (A)	stoling the	(a)		U		
ONDERLING	CONDITION Idsi.		(C)				
Z	ll l						
OUMERSIGNIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
	DISEASE OR CONDITION GIVEN IN PART 1 (A).				Nall 20B IF yes William	ENDINGS CONSIDERS	
19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?	
<u> </u>	7 144 6 1141 7 7 1 1 1 1	7 1000		1 1016 111122			
, OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examiner	218 hometc.		n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR	(If in Baltime	ore City, give exoct locotion)	
21 D. TIME							
OF INJURY	OF INJURY Not While At -						
(APPROX.)		Wo				11 2 - 3	
22. I cervity	that (I) (this haspital	l) attended t	he deceased from	11-12-1	O19 to /	1-25 190	
1.	22. I certify that (I) (this haspital) attended the deceased from 1900 that (I) (we) last saw the deceased alive an 1900 and that in (my) (aur) apinion death accurred on the day						
					0	the state of the s	
	and have and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.						
23A. SIGNATULE				anding Med.		23 B. DATE SIGNED	
110	Med . Meanh H. Attending Phys.				Staff Phys.		
23 C. PHYSICIAN	V'S .		DEGLE	23D. ADDRESS		100	
NAME (Ty	pe)						
		1	DEGREE				
REMOVAL (S		24C. N.	AME of CEMETERY of CR	EMATORY 24D	LOCATION	City, town, or county) (Stote)	
BURIAL.	124	10 MT	CALVERY C	EMETERY Y	3ALTO MD		
25A. DATE REC'D	BY HEALTH DEPT.		DF REGISTRAR	25C. FUNERAL DIRECT	FOR	ADDRESS	
DECS	1076 OA A	0 7 0	0	Bu G A	Then of Con-		
DECO	1764 Villey	H. Marke	184	W/N. 0.110	1 30 W		
S 150-REV. 1/1/6							



25C. FUNERAL DIRECTOR

ADDRESS

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

258, NAME OF REGISTRAR

CHALL OF 11-28-1915 John GRESTEFHLER Shendowinall PA And State Health Jog E Catheeine Schnidt MANAGER Agues Enimony Laurentee In 2 5. Allen

Approduciation

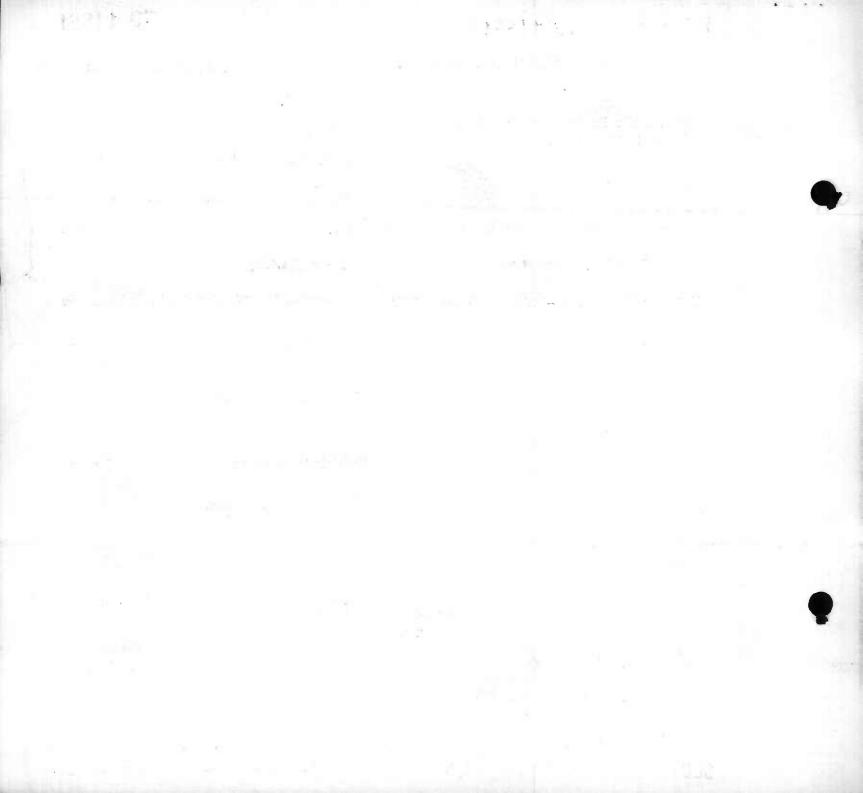
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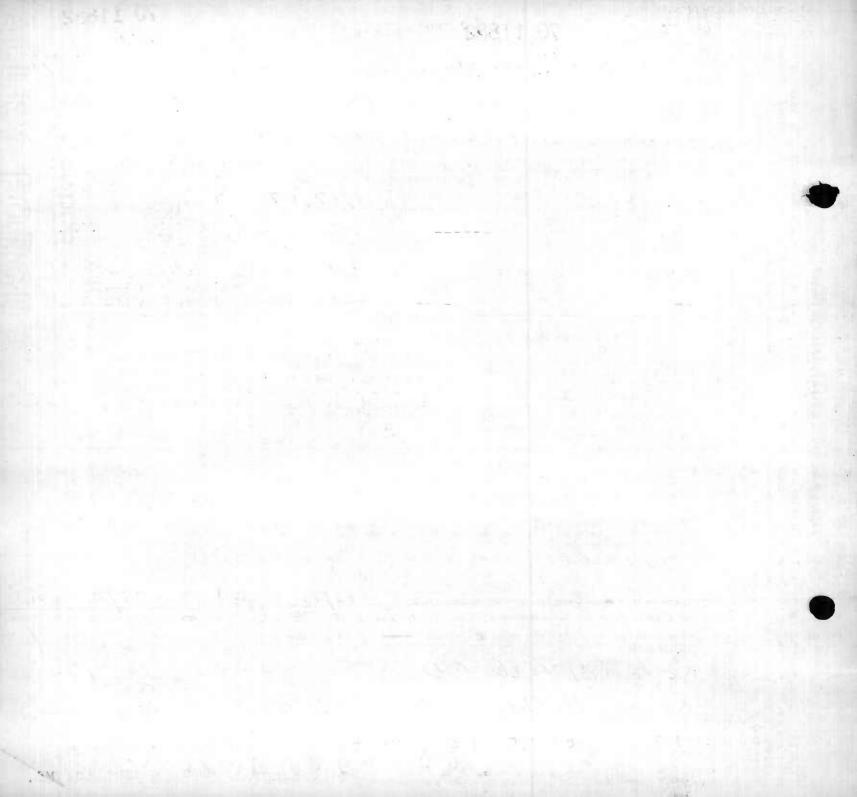


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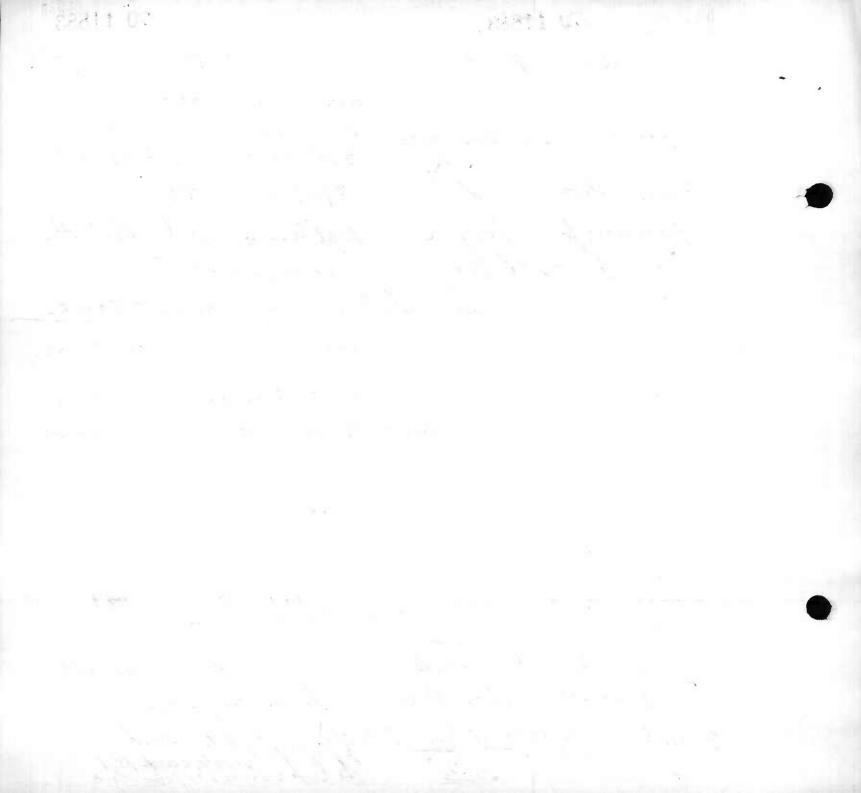
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BI	V-562		70	118		TE OF DEATH	REG. NO	70 11881		
	NAME OF DEC		du bon	omo a	Johnson O-		AND HOUR OF DEATH			
3,	PLACE IN BAL				Vannerson Jr.	4. USUAL RESIDENCE (W	Dec. 4, 197	70 1:05 A M. institution: residence before odmission)		
FI	JLL NAME OF	(IF NOT	IN HOSPITA	AL OR INS	ETITUTION, GIVE STREET HOSPITAL	Md. C. CITY OR TOWN Baltimore		26-43 SIDE CITY LIMITS?		
ŀ.	3100	Wyman P	arkway			E. STREET AND NUMBER		YES NO		
	X					3201 Juneau	Place			
5.	SEX	6. RACE		7. MARRI	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.		
	M	W		WIDOW	ED DIVORCED	11/26/24	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
10. do	ne during most of	UPATION (Give working life, eve Office	in it relifed)		of BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?		
13.	FATHER'S NA	ME				14. MOTHER'S MAIDEN N.	AME			
	A	lfred T	. Vann	erson		Irene Lyndl	_ey			
15. (Ye	Wos Deceased	Ever in U. S.	Armed Force	es?	16. SOCIAL	17. INFORMANT		ADDRESS		
	Yes	USAF	1943-1		SECURITY NO. 214-20-2917	Records US	PHS Hospita	al, Balto, Md.		
		SE OR COND LEADING TO		O/ ECTLY/	CAUSE OF DEATH	Septicemia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Days			
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)									
		ANTECEDENT			(B)	Ulcerative c	colitis	Years		
	DISEASES Of the UNDERLYING	or CONDITION above condition	use (A)	ny, givi slaling l	ng DUE TO, OR AS	A CONSEQUENCE OF:				
ATION	OTHER SIGNIF TO THE DEAT DISEASE OR CO	H BUT NOTRE ONDITION GIV	LATED TO TH	E TERMINA		Hodgkin's disease Years				
CERTIFICATION	19A DATE OF	OPERATION	198 CONE	ORMED	R WHICH OPERATION		20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
MEDICAL C	21A. ACCIDEN OR CONTRIBU DEATH (notify	medicol exom	ERLYING [] SE OF ined	(h	1B. PLACE OF INJURY (e.g., ir ome, farm, loctory, street, all ic.)	or about 21 C. WHERE DID ice bldg., INJURY OCCUR?	(II in Boltimor	re City, give exact location)		
MED	21 D. TIME OF INJURY (APPROXI	(Month) (Do	yl (Yeor)	\	Nhile At Nork Not While At Work	21F. HOW DID IN	JURY OCCUR?			
	22. I certify that (1) (this hospital) attended the deceased from Nov. 6 19 70 ta Dec. 4 19 70 that (1) (we) last saw the deceased alive an Dec. 4 19 70 and that In (n/y) (aur) apinion decth occurred on the date									
	and haur and from the causes stated obave. (1) (We) (did) (Ald het) view the body ofter death.									
	Jamue	I P. Ma	rd,	M.D.	DEGREE After	ding Med.	Staff Phys.	238. DATE SIGNED 12/4/70		
	Samue	P. War	rd, Sue		(R)	3D. ADDRESS				
24/	REMOVAL (S	pecify) 24B.	DATE	24C.	NAME OF CEMETERY OF CRE	MATORY 24D.	LOCATION (C)	ly, town, or county! (State)		
25.	Burial	1 12	-7-70		Gardens of Fait	h Cemetery	Balto. Md.			
25.4 د	DATE REC'D	BY HEALTH T	DEFT.	5B. NAMI		25C. FUNERAL DIRECTO	R a	ADDRESS		
	JEUO .	1971 16	Bens E	Va. So	4.164	John C. Mil	ver Inc-6415	Belair Road-21206		





Q	1101 70 440	BALTIMORE CITY	HEALTH DEPARTMENT	, ,	0 44000				
BIRTH N	420 70 118	63 CERTIFICA	TE OF DEATH	REG. NO.	0 11883				
(Type or	JOLACK, A	•	2. DATE AN	D HOUR OF DEATH	11 45 P.				
3. PLAC	E IN BALTIMORE, MARYLAND, WHERE PE	ONOUNCED DEAD	4. USUAL RESIDENCE IWhen	e deceased lived. If instituti	on: residence before admission				
FULL NA HOSPITA	L OR ADDRESS OR LOCATION	NSTITUTION, GIVE STREET		ALTIMORE (5 3 4 0 0				
SI	NAI HOSPITAL OF	BALTIMORE	BALTIMORE E. STREET AND NUMBER	YES	NO				
4:	2		3671 FOR	est HILL RO	AD #7				
5. SEX		WED DIVORCED	8. DATE OF BIRTH 8/14/93	9. AGE (In years of More	Under 1 Ys. If Under 24 Hrs. hths Doys Hours Min.				
IOA. USU.	AL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lorei	gn countryl 12.	CITIZEN OF WHAT COUNTRY				
	g most of working life, even if relified! Fouching ER'S NAME	Home	Baltima	e mol	a.s.A.				
/	David Gold	berg	14. MOTHER'S MAIDEN NAM	ME /					
Yes, no or	Deceased Ever in U. S. Armed Forces? unknown) (If yes, give wor or dotes of serv	ice) 16. SOCIAL SECURITY NO. A	17. INFORMANT	E. 11 -	ADDRESS				
18.	11 11 31	CAUSE OF DEATH	ma reggy	elanian	same,				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		ELECTRON VE	TE IMBALANO	BETWEEN ONSET AND DEATH				
heori	does not meen the made of dying, failure, asthenia, etc. It means the disc	e.g., DUE TO, OR AS A	SE CONSEQUENCE OF:	72 771070174	3 27 3,				
injury	ar complication which caused death.) ANTECEDENT CAUSES		RENAL FA	111100	2				
DISE		(B)	A CONSEQUENCE OF:	TEURE	3 wks.				
rise	to the above cause (A) stating ERLYING CONDITION last.	the (c) ACUTE		HF	4 wks.				
OTHE	II R SIGNIFICANT CONDITIONS CONTRIBUTI	NG							
FIIO	TE DEATH BUT NOT RELATED TO THE TERMIT	NAL							
194.0	SE OR CONDITION GIVEN IN PART 1 (A). DATE OF OPERATION 198. CONDITION 198. CONDITION 198. PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FINDING IN CERTIFYING CAUSES	IGS CONSIDERED OF DEATH?				
OR C	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF H (natify medical examines)	21B, PLACE OF INJURY (e.g., in home, form, factory, street, off elc.)	or about 21C. WHERE DID	(II In Boltimore City,	give exact location)				
OF IN	JURY	21E INJURY OCCURRED While At Not While Work	21F. HOW DID INJU	JRY OCCUR?					
22. 1	THORE OF THORE OF								
that (that (1) (we) last saw the deceased alive on 12/4 19 70 and that in (my) (our) opinion death occurred on the date								
and I	and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.								
	alberta, Mar	men M. D. Atten Phys.	ding Med.	Staff Phys.	DATE SIGNED				
23C. P	HYSICIAN'S IAME (Type)	HEN M.D.	3D. ADDRESS Linai	Hospital					
24A. BURI	AL CREMATION, 248. DATE 24	C-NAME OF CEMETERY OF CREE	MATORY 24D. LO	CATION (City, tow	n, or countyl (Stole)				
25A, DAT	E REC'D BY HEALTH DEPT. 258 WA	ME OF REGISTRAR	25c, FUNERAL DIRECTOR	6010 PROSA	ADDRESS				
VS 150-RE	A 210 00000 - 400		Hot devis	rsino/Jus	dne				



FUNERAL DIRECTOR: IMPORTANT

R-1150 70 1100	BALTIMORE CITY	HEALTH DEPARTMEN	VT .	70					
B-452 70 11884	CERTIFICA	TE OF DEAT	H REG. NO	70 11884					
1. NAME OF DECEASED (Type of Print) Blumson. Tillie			TE AND HOUR OF DEATH	325					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If in	stitution: residence before admission)					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET	Mary land c. CITY OR TOWN	D. INSI	15-13 DE CITY LIMITS?					
RSinai Hospital of	Baltinope	E. STREET AND NUMB	_	YES NO .					
EMALE WHITE. WIDOWED		8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Il Under 24 His. Months Doys Hours Min.					
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole o	foreign countryl	12. CITIZEN OF WHAT COUNTRY?					
HOUSEWIFE AT F		RUSSIA	7	U.S.A.					
HARRY HENRY Sernste	m	14. MOTHER'S MAIDEN	ANTENNA NA	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor ar doles of service) NO	SECURITY NO.	MR SAMUEL B	LUMSON, 4214 RE	ELSTERSTOWN ROAD					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	1	8 bistiction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	OUE 10, OR AS /	CONSEQUENCE OF:		u					
DISEASES OR CONDITIONS, if any, giving	(B) (2.0)/a	rge Bond?							
nise to the above cause (A) stating the UNDERLYING CONDITION last.	(c) Hy	Am : Renal for	ulm; dely die	In 1					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OP OPERATION 198. CONDITION FOR W. WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL A DISEASE OR CONDITION GIVEN IN PART 1 (A) TO THE DEATH BUT NOT RELATED TO THE TERMINAL A DISEASE OR CONDITION GIVEN IN PART 1 (A)								
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OR CONTRIBUTION OF THE PROPERTY OF THE PROPERT	LACE OF INJURY (e.g., In farm, foctory, street, oil	or about 21 C. WHERE DI	D (If In Boltimore	City, give exoct locotion)					
OF INJURY (APPROX.) 21 D. TIME (Month) (Doy) (Year) (Haut) 21 E. 1 While Wark	NJURY OCCURRED Not White At Work		INJURY OCCUR?						
	22. 1 certify that (1) (this hospital) attended the deceased fram 12-4-70 19 ta 12-5-70 19								
and haur and from the causes stated above. (1)	that (1) (we) last saw the deceased alive on 12-4-70 and that in (my) (our) apinion death accurred an the date and haur and from the cause stated above. (1) (We) (did) (did nat) view the bady after death.								
23A. SIGNATURE	Aften	ding Med.	¬ Shaff ¬¬	23R DATE SIGNED 12-5-70					
23C. PHYSICIAN'S NAME (Type) DAVIO ZEITUNG	DEGREE	56/6 Par	K Heights,	Are Baltone, Md.					
24A- BURIAL CREMATION, 24B. DATE 24C. NAA REMOVAL (Specify)	AE of CEMETERY OF CRE	MATORY 241	D. LOCATION (City	, town, or county) (Stote)					
BURIAL 12-6-70 BETH	HAMEDROSH HA		ROSEDALE, MARY	LAND					
DEC 8 1970 Policie C. Tolley	ACO,	SOL LEVINSO	N & BROS.,6010	REISTERSTOWN ROAD					

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	e or Print) LO	VIS 60	LDMA	on		AND HOUR OF DEATH	, 8	:40 PM
3. F	LACE IN BALTIMOS	E MARYLAND, W	HERE PRONO	JNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. If in		
UI IO	L NAME OF	F NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	MARYLAND	15 alto t	5. 5	3-00
NS	SPITAL OR	l D	1)	ing Home	C. CITY OR TOWN		DE CITY LIMITS?	
1	iouse in !	he lines	Nurs	, ng Nome	BALTIMOR E. STREET AND NUMBER		YES	№ □
6	70 Delu	leaerc			7931 LON	G MEADOW ROAD)	
-	nale i	shite	WIDOWED		10/26/89	9. AGE (In years last birthday) 81	If Under 1 Yr. Months: Days	Hours Min.
À.	USUAL OCCUPATION	ON (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or le	areign country)	12. CITIZEN O	FWHAT COUNTR
	SALESM		RET	CAIL	BALTIMORE,	MARYLAND	USA	
. 8	ATHER'S NAME				14. MOTHER'S MAIDEN N			
		GOLDMAN			KKRR BETTY	GOODMAN		
. V	Vas Deceasad Ever i	n U. S. Armed For s, give wer er dote	ces? s of sarvice)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADD	RESS
	NO			212-16-2329	MRS. SOL KRAME	R. 7931 LONG	MEADOW F	ROAD
	1B. 161,7	-1		CAUSE OF DEAT	H			OXIMATE INTERVAL
		CONDITION DI	RECTLY				- 1	/ 1/ - 0
	LEAD					116 612	la se A	/ VEA.
- 1		ING TO DEATH		(A)IMMEDIATE CAL	ISE MEIASTA	CHRCIN	10000	1 Joseph
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MEDICAL CERTIFICATION	(This does not me heart failure, asther injury ar complication of the complication of	an the mode of nia, etc. If means an which caused are which caused are which caused are with the cause (A) NDITIONS, if we cause (A) NDITION last, II CONDITIONS COINOT RELATED TO THOM OF THE NIATED TO THOM IN PARTATION 1982. CON WAS PERFORM TO THE CAUSE OF ol examined (Year) I) Other hospital saw the decease the causes state which causes state who was performed to the causes state who was performed to the causes state who was performed to the causes state who was performed to the causes state who was performed to the causes state who was performed to the causes state who was performed to the causes state who was performed to the causes state who was performed to the causes state who was performed to the causes state who was performed to the causes state who was performed to the causes state who was performed to the causes state who was performed to the causes state who was performed to the causes who was performed to the causes who was performed to the cause who was performed	the disease, death.) any, giving slaling the MIRIBUTING HE TERMINAL 11 (A). DITION FOR WORMED (Hous) 21E. Whill War was attended the dalive on ed above (1)	DUE TO, OR AS (B) CARC // DUE TO, OR AS (C)	20A. AUTOPSY? (Yes or NO DID III a D	No) 208, IF YES, WERE FIN CERTIFYING CAL (If In Baltimore NJURY OCCUR? 19 60 to 1 that in (my) (our) opin to Shaff Phys	FINDINGS CONJUSES OF DEATH Conjugate of the City, give exact Conjugate of the City,	SIDERED 17 19 20 curred on the day NED 6 - 7 0

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10:25 A. M.

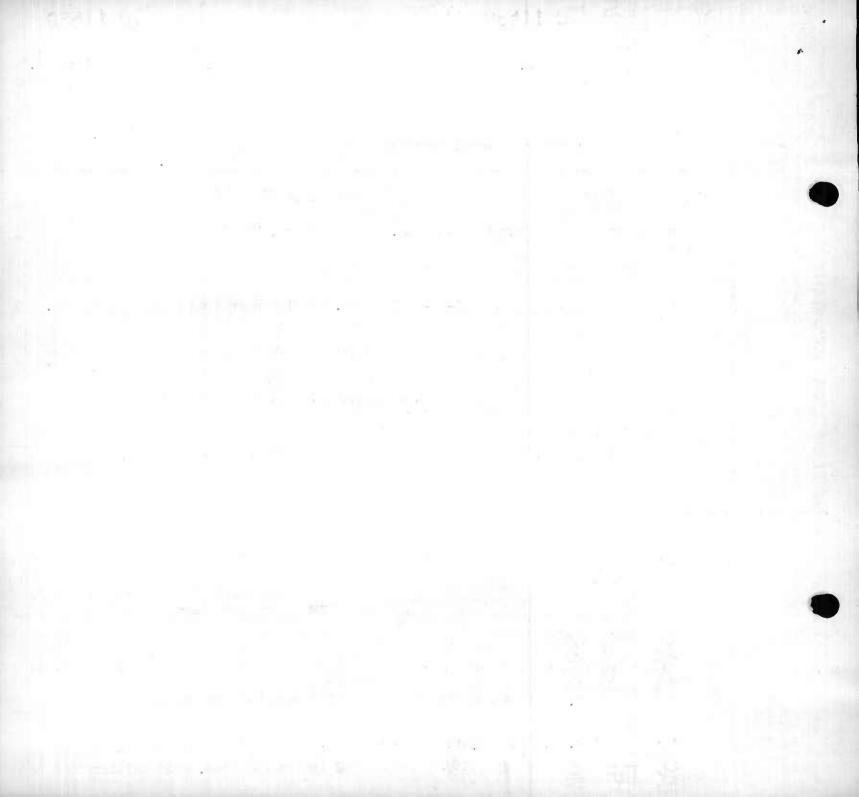
If Under 24 Hrs.

NO

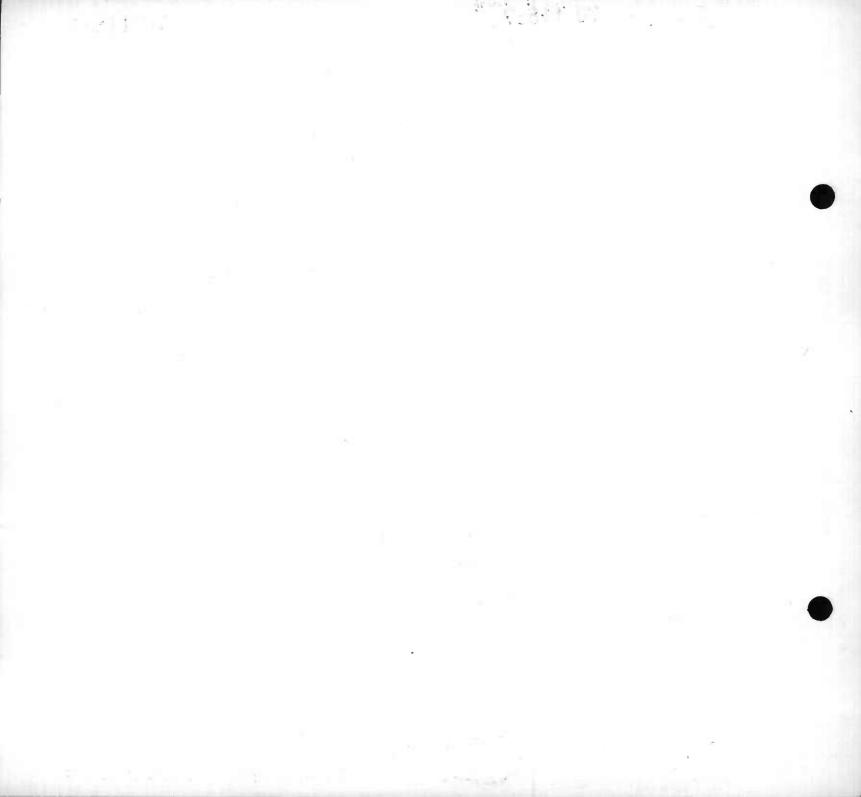
Hours

APPROXIMATE INTERVAL

ADDRESS



5-620 70 11887	Maria	HEALTH DEPARTM		70 11887						
BIRTH NO. I. NAME OF DECEASED	CERTIFICA									
(Type or Print)	Siemie		DATE AND HOUR OF DEATH	15 15						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN		4. USUAL RESIDEN	B. COUNTY	stitution: residence before admission)						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)		C. CITY OR TOWN		DE CITY LIMITS?						
manyland General A	tospital	BA170.		YES NO						
420		E. STREET AND NU	North Ken	wood Aus.						
5. SEX 6. RACE 7. MARRIED WIDOWED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdow)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.						
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF B				12. CITIZEN OF WHAT COUNTRY						
done during most of working lile, even if retired) STECH WORKER		m	aryland.	U. S. A.						
13. FATHER'S NAME		14. MOTHER'S MAIL	DEN NAME							
JOSEPH SIEWIERSKI		ANNA	WIENCE	K						
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS						
WW-2	2-01-0632	MARY (120	WIERSKI 3/N.	Kenwood Ave						
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	Ĥ		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
LEADING TO DEATH	(A)IMMEDIATE CAL	ISE Subp	callynoidal-	Commercial 2 we						
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. If means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:								
injury or complication which caused death.)		2		/ week						
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:										
rise to the above cause (A) stating the UNDERLYING CONDITION tost.	(c))1.	2. V.D.		2 years.						
- 11										
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***********************************	**************************************	***************************************							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A.DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED	ICH OPERATION	20A. AUTOPSY? (Y	es or No. 208 IF YES WERE F	INDINGS CONSIDERED USES OF DEATH?						
. OR CONTRIBUTING CAUSE OF	ACE OF INJURY (e.g., i form, foctory, street, of	n or obout 21 C. WHERE	DID (If In Boltimare	e City, give exect location)						
Z OF INJURY	JURY OCCURRED		DID INJURY OCCUR?							
(APPROX.) While Work	At Work	• 🗆								
22. I certify that (N) (this hospital) attended the deceased from now to 19 70 to Dec. 3 19 70										
that (1) (we) lost sow the deceased alive on 12.0. 3 19.20 and that in (ay) (our) opinion deoth occurred on the date										
and hour and from the causes stated above. (1) (and hour and from the causes stated above. (1) (We) (did) (did net) view the body ofter death.									
23A. SIGNATURE for A. TA	// Dh.	nding Med.	Shaff O	Dec 3: 1800						
23C. PHYSICIAN'S NAME (Type) TAF 1-1 HO	U. I.C.	23D. ADDRESS	1 Paperer of	Horbital						
24A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specily)	, GEGREE	MATORY	24D. LOCATION (Cit	y, town, or county) (State)						
BURTAL (Specify) 12-7-70 G.G	PAUS /PUS /	EUTTTAL	Boto We	1.						
DEC 8 1971 Policy Control of the Con		1 77 27 10	RECTOR)	BATO. St.						
VS 150-REV. 1/1/68	4	LYAURO	WSK1 2111 E.	24110.01.						



J-240 70 118		TE OF DEATH REG. NO	70 11888				
(Type of Print) JASKAL, (FAT	HER) GABRIEL I	FRANCES DECEMBER 6,	1970 : 3:05P				
ST AGNES HOSPI WILKENS & CATO BALTIMORE, MARYLAND, WHERE PR (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION) ST AGNES HOSPI WILKENS & CATO BALTIMORE, MAR	NSTITUTION, GIVE STREET TAL N AVES.	4. USUAL RESIDENCE (Whore deceased lived. A. STATE B. COUNTY	If institution: residence before odmission? O - O 8 INSIDE CITY LIMITS? YES X NO				
S. SEX 6- RACE 7- MARI	RIED NEVER MARRIED XX	8. DATE OF BIRTH 9. AGE (In years lost birthday)	Manths Days Haus Min.				
10A. USUAL OCCUPATION (Give kind of work 108. KIN done during most of working life, even if reflect) RELIGIOUS Priest 13. FATHER'S NAME			12. CITIZEN OF WHAT COUNTRY?				
PETER JASKAL		SALOME VALENTICKIO	CEVIENE				
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na or unknown) (If yes, give war ar dales of serv	16. SOCIAL SECURITY NO. 219 62 549	17. INFORMANT 4 ST AGNES RECORDS	ADDRESS				
IThis does not mean the mode of dying, heart failure, osthenia, etc. It means the dise injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ginse to the above cause (A) stating UNDERLYING CONDITION last.	ving (B) DUE TO, OR AS (C).	CONSEQUENCE OF: Lowa of tead y four A CONSEQUENCE OF: Low tendine mesa, te	eas Enclepinia				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION F WAS PERFORMED	OR WHICH OPERATION	YES 20A. AUTOPSY? (Yes or No.) 208, IF YES, WE	ERE FINDINGS CONSIDERED CAUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined	218. PLACE OF INJURY (e.g., in home, farm, factory, street, off etc.)	ar obout 21 C. WHERE DID (If in Baltice bldg., INJURY OCCUR?	imore City, give exact location)				
OF INJURY (APPROX.) 210-TIME (Manth) (Doy) (Yeoi) (Haus) (APPROX.)	21E INJURY OCCURRED While At Not While Wark Not Wark	21F. HOW DID INJURY OCCUR?					
22. I certify that (1) (this hospital) attended the deceased fram NOVEMBER 10, 19 70 to DECEMBER 6, 70 that (1) (we) lost saw the deceased clive on DECEMBER 6, 19 70 and that in (my) (our) opinion death occurred an the date and have and fram the courses stated above. (1) (We) (did) (this top) yellow the body ofter death.							
23A. SIGNATURE/Saboraya	gam Attern Phys.	ding Med. Staff Phys.	23 & DATE SIGNED				
23C. PHYSICIAN'S NAME (Type) SABANAYAGAM, P.	MD . OEGREE	STA AGNES HOSPITAL	WILKENS & CATON AV				
24A. BURIAL CREMATION. 24B. DATE 24G. Burial Dec. 9, 1970	St. Gabriel	Church Cem. Brighton	(City, town, or county) (State) n, Boston Mass.				
	Resident Co	G. Truman Schwab 3					

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DIRECTOR:

FUNERAL

TERRITOR

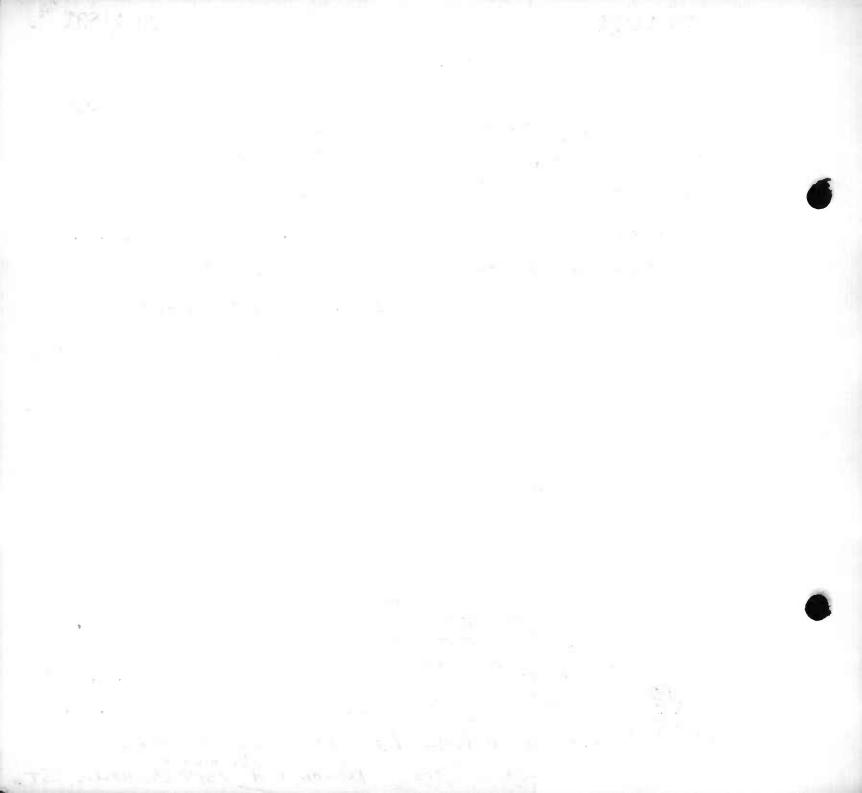
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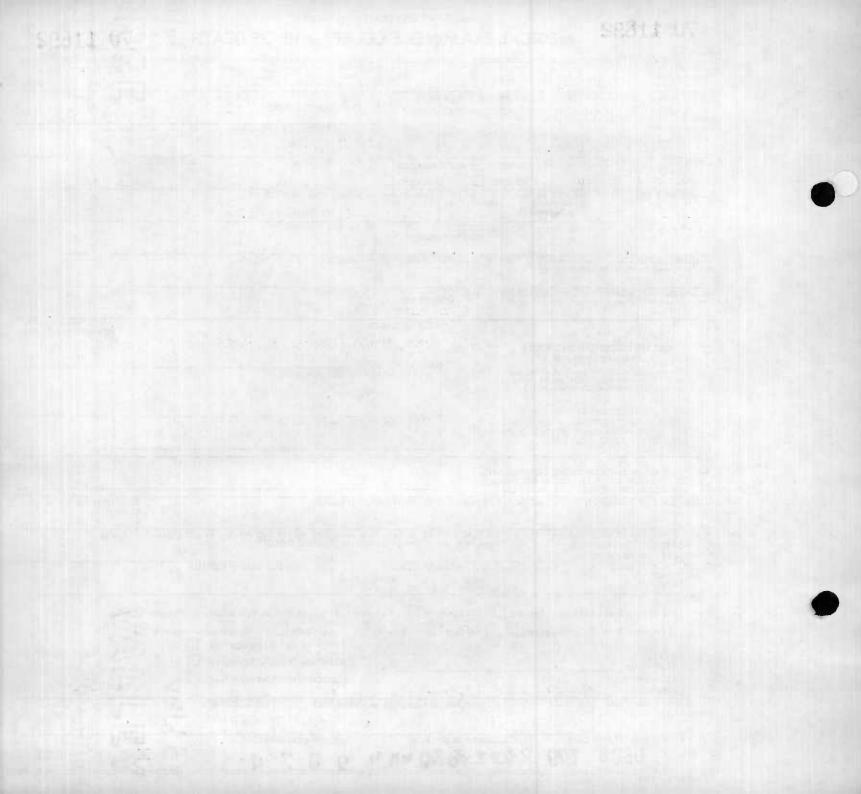
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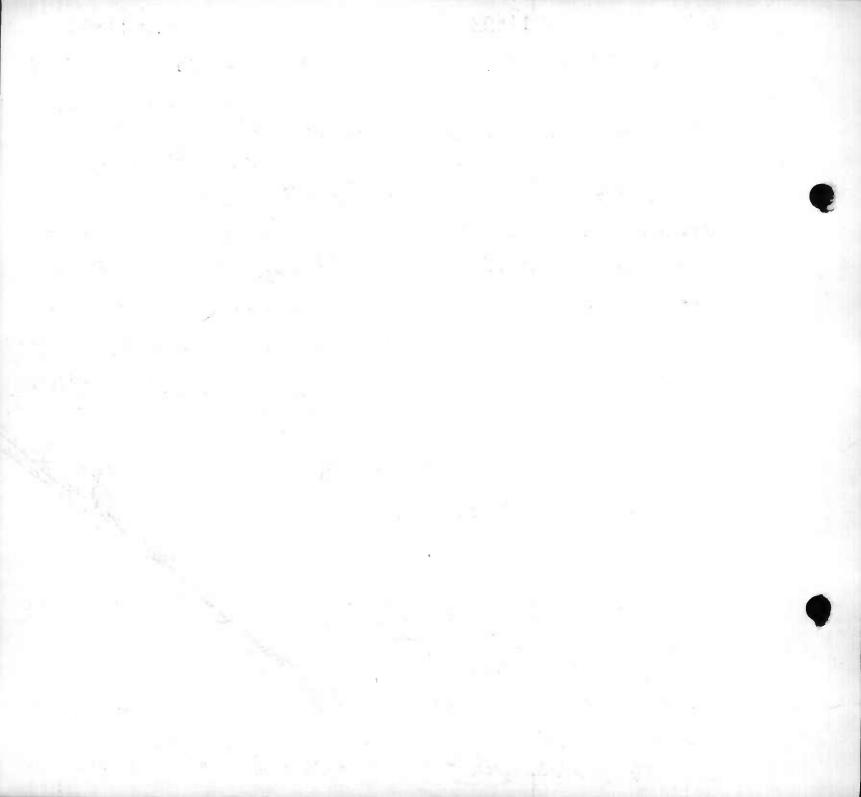
70 11892 BIRTH NO.

MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH REG. NO.	70	11892
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	NAME OF DEC	EASED				21 DATE	Knawn 🔲	Month	Day	Yeor	Hour	
ıy	pe or Print)	MT	LDRED	WTT.T.	TAMS	OF DEATH	Estimated 🔲					
	PLACE IN BALT				RONOUNCED DEAD	3. DATE		Month	Day	Year	Hour	М.
	LL NAME OF				TITUTION, GIVE STREET		NCED DEAD					
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) R	INSTITUTION						SIDENCE (Where	deceased I		an: residence	belore admis	sian)
	70 119	3 Moun	t St.			A. STATE	aryland		B. COUNTY	1-	7-1	7
_		7. RACE		6		C. CITY OR			ID. INSIDE	CITY LIMITES	/ 0	-
•	SEA	7. KACE		o. MARR	TED THEVER MARRIED	C. CITT OK	OWN		D. INSIDE	CIT LIMITS?		
	female	negr	0	WIDOY	VED DIVORCED	Ba1	timore			YES X	NO 🗆	
	DATE OF BIRTH		10. AGE (In	years	If Under I Yr. II Under 24 Hrs.	E. STREET A	ND NUMBER					
			last birthday)	Months Days Hours Min.	7750						
_	4-1-09		61				Mount St					
١.	BIRTHPLACE (S	ate or lareig	n country)		12. CITIZEN OF	13. FATHER'S	NAME					
	7.4	3			WHAT COUNTRY?	Thomas	tler nee	2				
10	USUAL OCCUS	ATIONI/Give	kind of world	48 KIND	OF BUSINESS OR INDUSTRY							
	e during mast of w			- NII AL	OF BOSINESS OR HADOSIK	I.S. MOTTER	S MAIDEN NAM	ric.				
6.	WAS DECEASE	D EVER IN	J.S. ARMED	FORCES	7 IT. SOCIAL	18. INFORM	ANT			ADDRESS		
e	s, na ar unknawn)	(if yes, give w	or or dates c	of service		_	~ ~ ~ ~ ~ ~ .					
_	no				212-28-115		s Willia	ms	1153 N	Monn		
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		OR CONDI		HIL	ily per combre	C C CILC	CTIOSCICI	OCIC .	Cararova	asculat	disca	36
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•			1								no	
₹	22A. EXTERN	IAL CAUSE	WAS		228. PLACE OF INJURY (e.g.,	in ar about 22	C. WHERE DID	il In Baltima	re City, give e	xact location)		
ਤੁ	UNDERLYING	OR CONT	TRIB-		home, farm, lactory, street, office	bldg., etc.) IN	JURY OCCUR?			,		
교	UTING CAL	JSE OF DEA	TH.	7.7								
2	OF INJURY	Month) (D	ay) (Year)	(Hou	22E.INJURY OCCURRED	22	F. HOW DID IN	URY OCC	UR?			
	(APPROX.)				WHILE AT NOT	WHILE						
	23.				m. WORK LATW	OKK L						
				. г	T							
	1 certi	fy that I he	eld on In	iquiry L	Inspection X Au	topsy	and that on th	ils basis,	, death in m	y apinion		
	result	ed from: N	atural cous	es X	Accident Suicid	e Ho	nicide 🔲 1	Undeterm	ined manner			
		7	7				HIEF MEDICAL E	VALLINIED		_		
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	SIGNATU	RE	101	ul	elahon M.D	ASSIS	TANT MEDICAL E	XAMINER	L			
	EXAMINE				Mis		CIATE MEDICAL E	XAMINED	П			
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2.4	A. BURIAL CREM		48. DATE		24C. NAME of CEMETERY	or CREMATO	RY 240	LOCATION	d (Chy to	en, or county		10
E	MOVAL: (Specif		12-7-	70	Arbutus Len						(3101	-/
	DUL TOLL		12-1-	10	TI DUCUS TIEL	io idi'h	D	ditti	nore,	I'll e		
15	A. DATE REC'D	BY HEALTH I	DEPT.	25R N	IAME OF REGISTRAR	250 5	UNERAL DIRECTO	DP // 13	TAV	ADDRESS		
				h .	The second secon						Otmor	+
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FUNERAL DIRECTOR: IMPORTANT

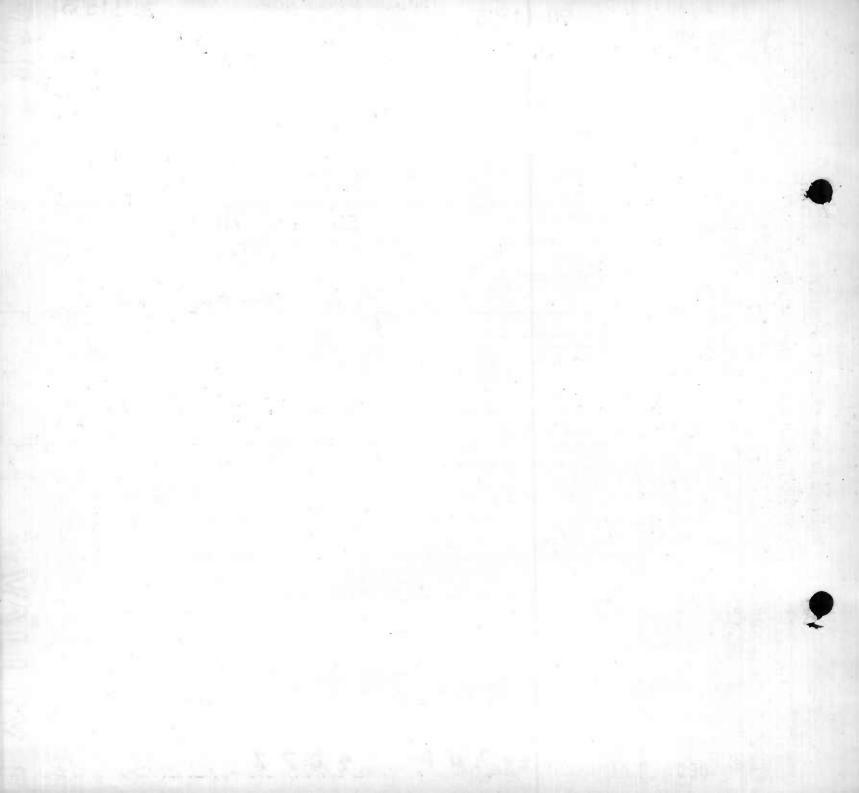


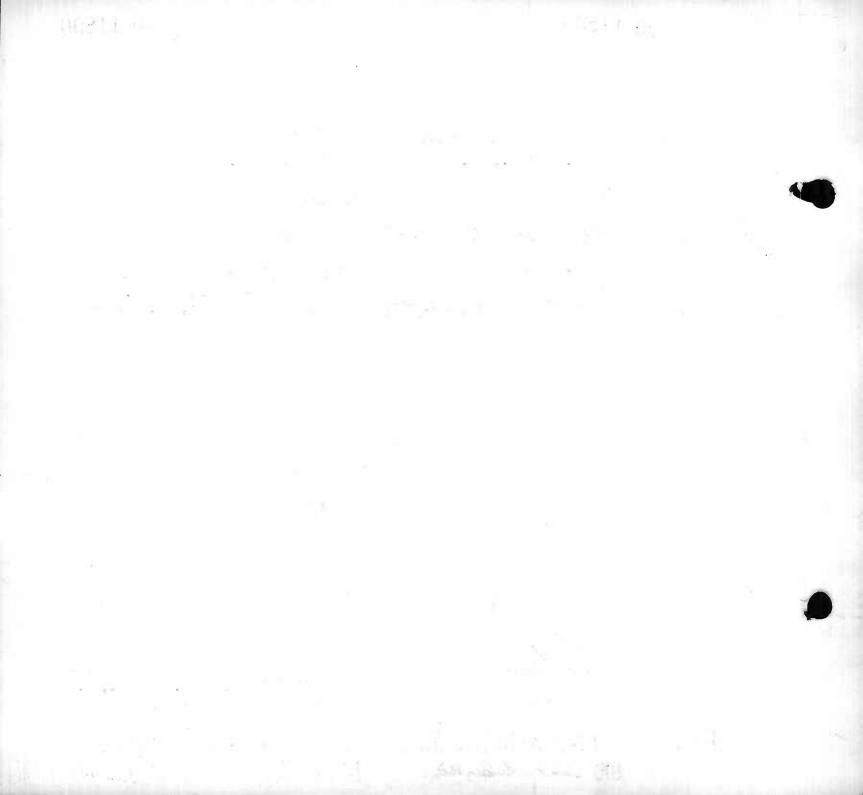
IMPORTANT

FUNERAL DIRECTOR:

Rt.2, Box-190-D Severn, M.L.

R-236 70 118	BALTIMORE CITY CERTIFICA	HEALTH DEPARTMENT	REG. NO. 70	11895	
BIRTH NO. I. NAME OF DECEASED Royster, Corr		2, DATE AND	HOUR OF DEATH	3:10 PM	
FULL NAME OF HOSPITAL OR INSTITUTION THE JOHNS HOPKING	STITUTION, GIVE STREET	4. USUAL RESIDENCE (Where A. STATE B. COUNT) MARYLAND C. CITY OR TOWN BALT I MORE E. STREET AND NUMBER 1732 HARFO	BALT I D. INSIDE CI YES	MORE CITY	
5. SEX 6. RACE 7. MARRI MALE NEGRO WIDOW	ED NEVER MARRIED		AGE (In years If Mon	Under 1 Yr. If Under 24 Hrs. oths Doys Hours Min.	
IOA, USUAL OCCUPATION (Give kind of work 108, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	country)	CITIZEN OF WHAT COUNTRY?	
ALEC ROUSTER		14. MOTHER'S MAIDEN NAM MARY FI			
5. Was Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service SES)	16. SOCIAL SECURITY NO. 212-18-9025	MARY JOHN	USON S	ADDRESS	
(This does not meen the mode of dying, of heart failure, asthenia, etc. It means the diserinjury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giverise to the above cause (A) stating UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL CONTRIBUTIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL CONTRIBUTIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL CONTRIBUTIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL CONTRIBUTIONS	ing (B)	Renal failu A constouinterse, Ch pulmonary d	re, Congesti ronic obstru isease, and	ctive	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDS IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Baltimore City	, give exoct location	
21D.TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work Not Work				
22. I certify that (this haspital) attended that (1) (we) last saw the deceased alive and haur and fram the couses stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) THE KIEN M LOPE 24A. BURIAL CREMATION, 24B. DATE 24C. BURIAL CREMATION, 24B. DATE 24C. BURIAL CREMATION, 24B. DATE 24C.	o. (!) (We) (did) (did) Ath Apple Phy Ping MP DEGREE	19 70 and the view the bady after death. anding Med. Director P	hys. D 238.	death occurred an the dote DATE SIGNED 12 - 5 - 1970 PITAL wn, or county) (Stote)	





70 1189

BIRTH NO.

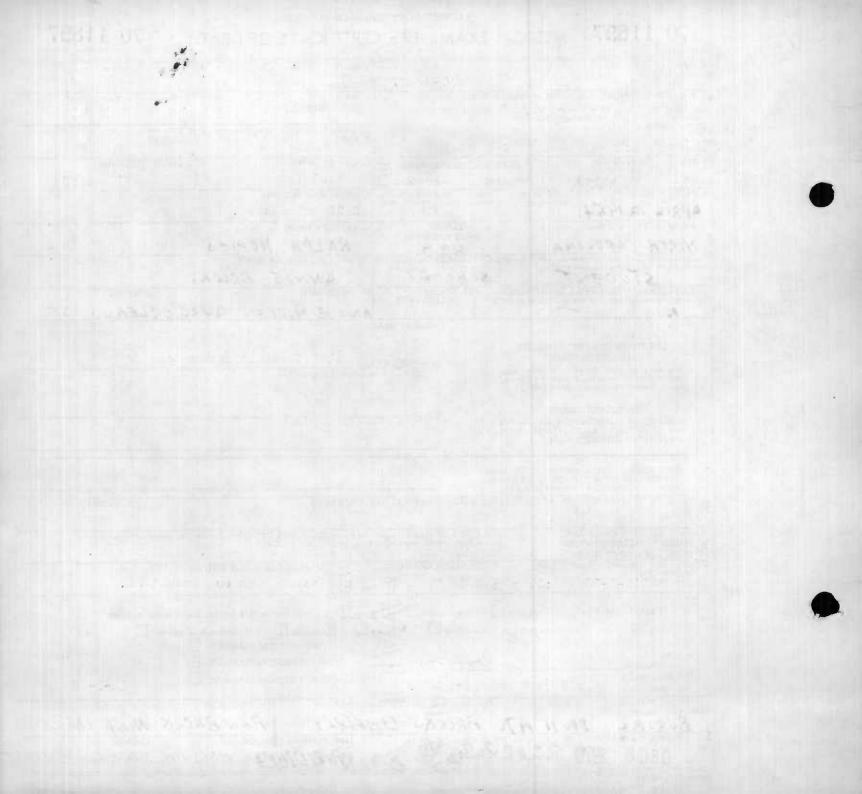
I. NAME OF DECEASED

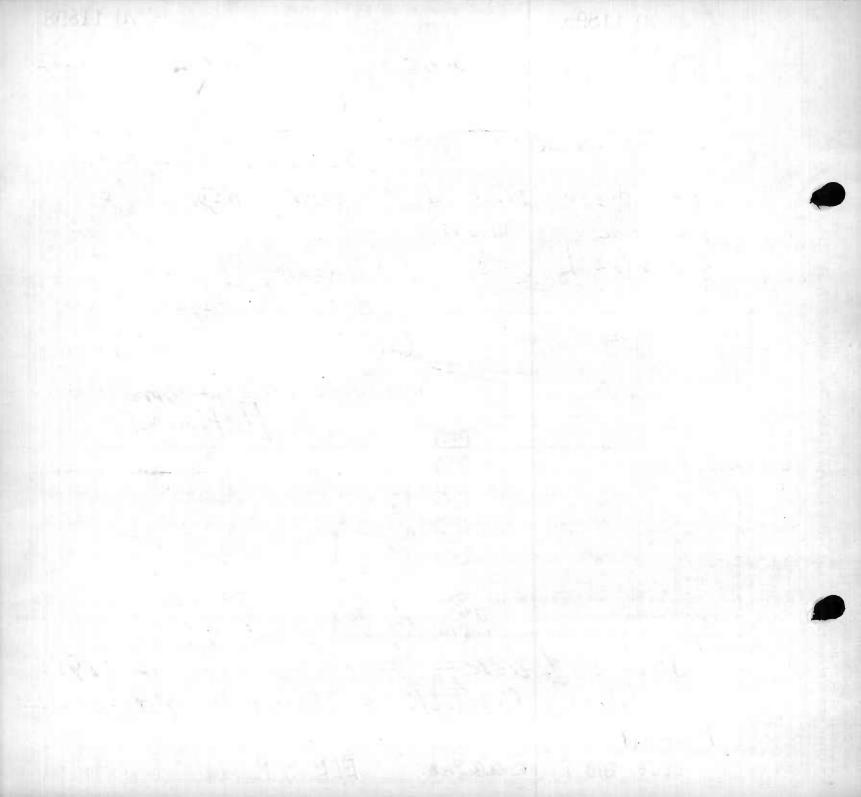
(Type or Print)

4. PLACE IN BALTIMORE
FULL NAME OF
HOSPITAL

			SECURITION OF STREET			
17	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	70	1189

BIRTH NO.							KEG. NO)		
I. NAME OF DEC		и иогм	EC MANCINI	2. ·DATE OF	Known 🔲	Month	Doy	Yeor	Hour	
			es Morgan	DEATH	Estimoted	*				M
	IMORE, MARYLAND, Y			3. DATE	1111000 0010	Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET		UNCED DEAD	12	6	1970	12 p	M
26				A. STATE	ESIDENCE (Where	e deceosed II	B. COUNTY	on; residence b	elore odmis:	sion)
	ch Home & Ho	spital			Maryland			6-	02	
. SEX	7. RACE	8. MARRIEI	NEVER MARRIED	C, CITY OF	TOWN		D. INSIDE	CITY LIMITS?		
male	white	WIDOWEI	-	Ва	ltimore			YES 🖾	NO 🗆	
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Appli 15	1954 lost birthdo	y) M	onths Days Hours Min.	2420	Orleans S	St.				
BIRTHPLACE (SI	ate or loreign country)	12	CITIZEN OF	13. FATHER		,				
		"	WHAT COUNTRY?	13. FATREK						
	AROLINA		US.A.	KA		MES				
IA.USUAL OCCUP	ATION (Give kind of work) orking life, even il retired)		F BUSINESS OR INDUSTRY	15. MOTHE						
10 6	UDENT	3	schooli	A	NNIE 1	BROOK	5			
WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	17. SOCIAL	18. INFOR	TAAN			ADDRESS		
A/O	(If yes, give wor or dotes	or service)	SECURITY NO.	ANININI	MORGA!	1 211	30.00	15011	cst	2
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	OR CONDITION DIREC	CTLY				1				
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heart loilure.	t mean the made of dy asthenia, etc. It means the	ing, e.g.,	DUE TO, OR A	S A CONSEC	UENCE OF:					
Injury or com	plication which coused dec	oth.)								
1144										
	TECEDENT CAUSES		(B)	AS A CONST	OUENIOS OS					
RISE TO THE	R CONDITIONS, IF ANY ABOVE CAUSE (A) STATE	r, GIVING TING THE	DUE TO, OR	AS A CONSE	QUENCE OF:					
I UNDERLYING	G CONDITION LAST.		(c)					-		
2	- 11									•
OTHER SIGNI	FICANT CONDITIONS CO	ONTRIBUTIN	G							
TO THE DEAT	TH BUT NOT RELATED TO	THE TERMINA	AL							
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3 0)	0	WINOIT FO	WHITE OF EVALUATION HA	G FERFORM	ED				SY? (Yes or	110)
of the second								уе	S	- 2
	IAL CAUSE WAS OR CONTRIB-	228	PLACE OF INJURY (e.g.,	In or obout 2	2C. WHERE DID	(if in Bolilmai	re City, give er	ract location)	1-0	V.
UTING CAU		1101	street	pidg., erc.) i	ront of 2	2044 E.	Baltin	more St	. 6-0	/
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l certit	fy that I held on	bdnith [7]	Inspection Au	opsy X	and that on the	his basis,	death in my	opinion		
resulte	ed from: Natural cau	ses	Accident Suicid	• 🔲 Ha	micide E	Undetermin	ned manner			
	(1	11			CHIEF MEDICAL E	XAMINER	П	1		
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SIGNATU		11/1/2	M.D.							
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EMOVAL (Specify) 248. DATE		24C. NAME of CEMETERY	-		LOCATION		n, or county)	(Stote	
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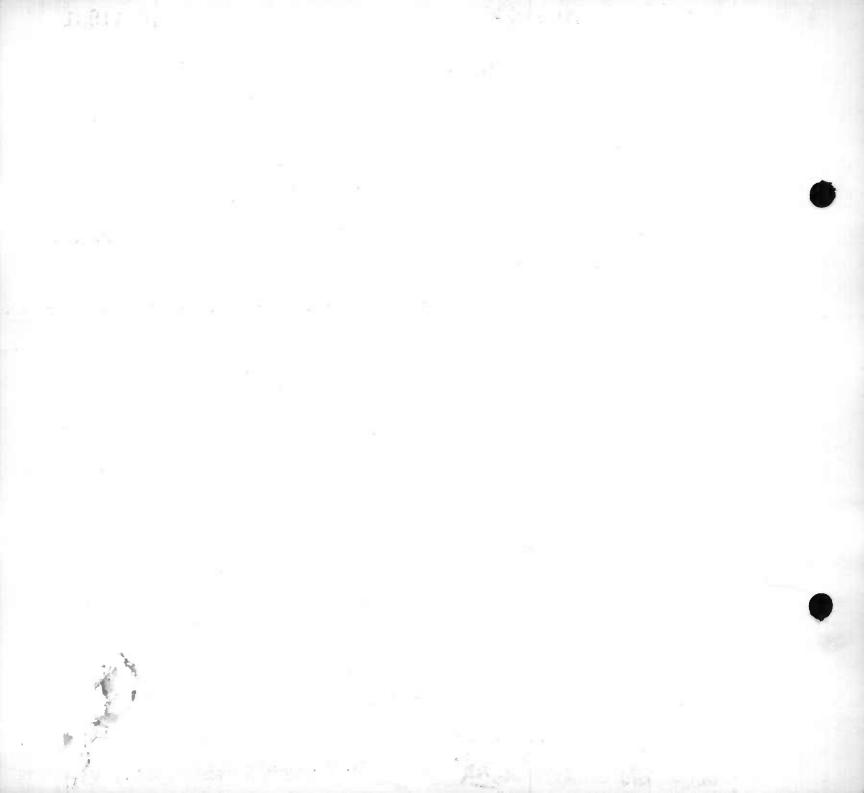
· pri water to meet it out The State Hill Fill Colored William Hall Colored

	7		70 11	1900	BALTIMORE CITY HE	ALTH DEPAR	TMENT					
1	5-15	2	MED	ICAL	EXAMINER'S	CERTIFIC	CATE (OF DEA	TH REG. NO.	70	11900	
	TH NO.											_
	NAME OF DEC		EM D C	ישפאורים	D	2. DATE OF	Knawn L		Day	Yeor	Hour	
			EM B. S			DEATH	Estimoted		5			N
4. 1	PLACE IN BAL				ONOUNCED DEAD	3. DATE	INICED DEAL	Month	Day	Year	Hour	
HO!	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	L OR INSTI	TUTION, GIVE STREET		JNCED DEAL	12	7	1970	9:20 a	1
3	4 Bon	Secou	rs Hosp	ital		A. STATE M.	aryland	1	B. COUNTY	1	9-03	-
6. SEX 7. RACE 8. MARRIED NEVER MARRIED							TOWN	Tools.	D. INSIDE CI	TY LIMITS?		
T	nale	negro		WIDOW			Balti	imore	V	ES 📑	NO 🗆	
9. [2+15-19	1	10. AGE (in lost bigthdoy 69	years	# Under 1 Yr. if Under 24 Hrs. Months Days Hours Min.		S. Fult				NO LJ	
	BIRTHPLACE (S			1	2. CITIZEN OF	13. FATHER	SNAME					
١,	74 4 4				WHAT COUNTRY?	m						
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done	USUAL OCCUI	orking life, ex	ven if retired)	40. KIND	OF BUSINESS OR INDUSTRY	15. MOINE	C2 MAIDEN	NAME				
						Lucy						
16.	WAS DECEASE	D EVER IN	U.S. ARMED	FORCES?	17. SOCIAL	18. INFORM	AANT		Al	DDRESS		
(Yes	No	(if yes, give	wor or dotes	of service)	\$18-03-2037	Tank	TA	10 0	The 7 days	A		
-	19. / / 7	1.7			CAUSE OF DEA		T VIIIA	19 0.	Fulton	AVE	PPROXIMATE INTERV	/AL
	412	141					1	7	4:	BETV	VEEN ONSET AND D	EAT
	DISEASI	E OR CONE	OTTON DIREC	TLY	Arterioscle	rotic c	ardlova	ascular	uisease			
		LEADING TO	O DEATH		(A)IMMEDIATE C	AUSE						
	(This does no	of mean the	mode of dyl	ng, e.g.,	DUE TO, OR	S A CONSEQ	UENCE OF:					_
	injury or com	plication whi	mode of dyl c. It means the ich coused dea	ih.)								
	AN	NTECEDENT	CAUSES		(B)							
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	UNDERLYIN	IG CONDIT	ION LAST.	ING THE	4.4							
2					(c)							_
H			fl									
CERTIFICATION	TO THE DEA	TH BUT NO	NDITIONS CO TRELATED TO I GIVEN IN PA	THE TERMI	NG NAL							
F.	20A. DATE OF	OPERATIO	N 208. CON	IDMON F	OR WHICH OPERATION W	AS PERFORM	ED			21. AUTC	PSY? (Yes or No	0)
ပြ										no		
-	22A. FYTER	NAL CAUSE	1446	10	20 N ACE OF MILLIPY		oc willing	DID Mr. D.M.	Cu.	11 11 1		
MEDICAL	UNDERLYING UTING CA	OR CON	ITRIB-	Î	28. PLACE OF INJURY (e.g., nome, farm, factory, street, office	e bldg., etc.)	NURY OCC	UR?	iore City, give exc	ict location)		
Σ	22D. TIME		Doy) (Year) (Hour	22E.INJURY OCCURRED	2	2F. HOW DI	D INJURY OC	CUR?			
	OF INJURY (APPROX.)				WHILE AT NOT	WHILE						
	23.				m. WORK LAT W	ORK L						_
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		ify that I h		pawiry L		tapsy L			s, death in my			
	result	ed from: t	Natural caus	see	Accident L Suicid	le 🔲 Ho	omicide 🔲	Undeter	nined manner			
				In	, , /	9	CHIEF MEDI	CAL EXAMINE	R L		DATE CICNED	
	ACTUAL		(/	Aha	hubrells	ASSI	STANT MEDI	CAL EXAMINE	R R		DATE SIGNED	'
	SIGNATI		7	1111	M,D	•		CAL EXAMINE				
	EXAMINI NAME /T	To	idore	Mihal:	akis, M.D.	ASSC	CIAIE MEDI	CAL EXAMINE		1	2-7-70	
24	NAME (T	1 bol	24B. DATE		124C. NAME of CEMETERY	OF CREMATO)PY	24D. LOCATIO	N (City Inves	n, ar county) (State)	_
	MOVAL (Speci		Z4D. DAIE		24C. NAME OF CEMETERY	OL CKENINIC	/K1	Z-D. LOCATIO	tory, lawr	i, ai county) (State)	
	Burial	"	12-10	-70	Mt Auburn (Cemete:	rv	Balto	Md.			
	A. DATE REC'D	BY HEALTH			AME OF REGISTRAR		FUNERAL DI			DDRESS		_
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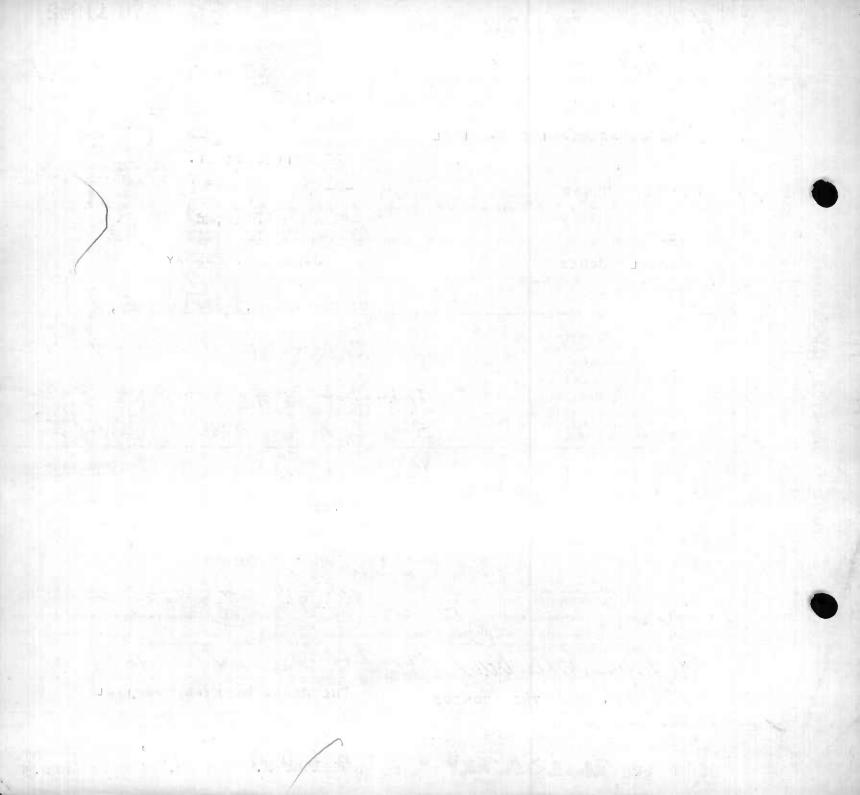
DIRECTOR:

FUNERAL



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death FUNERAL DIRECTOR: IMPORTANT

	HEALTH DEPARTMENT 70 11902
70 11902 CERTIFICA	TE OF DEATH REG. NO.
DE OF DECEASED DE OF PRINT ARELIA HYLAND	2. DATE AND HOUR OF DEATH 12-2-70 5:40 Pm.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)	A, STATE B. COUNTY BARYLAND A, STATE B. COUNTY
TITUTION	BALTIMORE D. INSIDE CITY LIMITS?
THE JOHNS HOPKINS HOSPITAL	E. STREET AND NUMBER
50	920 WHITELOCK ST.
FEMALE 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 3-2-87 9. AGE (In years last birthday) 83 If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY e during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) Dames Quarter, Md
None	RAMERINAKKEK USA
FATHER'S NAME SAMUEL JONES	JANE LEATHERBURY
Was Deceased Ever in U. S. Armed Forces? s, no or unknown) [(If yes, give wor or dotes of service) SECURITY NO,	17. INFORMANT ADDRESS
No	Herman Jones, Dames Quarter, Md
18. CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (This does not meon the mode of dying, e.g., OUT TO OR AS	ISECArdiogenic Shack / & hours
heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF
ANTECEDENT CAUSES Tanto	abb Card- Caller Bul
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
rise to the above couse (A) stating the UNDERLYING CONDITION lost. (C) Seven	re Arteriosclerusis, generalized
11 0.	701
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	al effession
19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	YES 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of pearth (natify medical examiner)	n or about 21 C. WHERE DID (If in Boltimore City, give exact lacotion) fice bldg., INJURY OCCUR?
21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Wark	
22. 1 certify that (1) this hospital) attended the deceased from	11-28 1970.10 12-2 1973.
thoy(1) (we) last saw the deceased alive an 12-2	19 70 and that in (my) (aur) opinion deoth occurred on the date
and hour and from the couses stated above (1) (We) (did) (did not) v	
23A. SIGNATURE MD Atte	nding Med. Stoff V
M Dellague Mulliment DEGREE Phys	s. Director Phys. 12-2-10
NAME (Type) M. DE WAYNE ANDREWS	THE JOHNS HOPKINS HOSPITAL
A BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	EMATORY 24D. LOCATION (City, town, or county) (State)
Burial I2/6/70 Macedomia	Dames Quarter, Maryland
A. DATE REC'D BY HEALTH DEFT. 258 NAME OF REGISTRAR	1 CO. D.C. MILLERY
no Al letter of Longer and	William H. James Jr, Princess Anne,
150-REV. 1/1/68	



1 211 20 110	BALTIMORE CIT	HEALTH DEPARTMENT	
BIRTH NO. 1. NAME OF DECEASED	003 CERTIFICA	TE OF DEATH	reg. No. 70 11903
(Type or Print) Lewis B.	1.+1-	2. DATE AND HOU	R OF DEATH
3. PLACE IN BALTIMORE MARYLAND, WHERE P	RONOUNCED DEAD	12. 2.	sed lived. If institution: residence before of mission
		A. STATE B. COUNTY	sed lived. It institution: lesidence before offinissio
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION	INSTITUTION, GIVE STREET	3-5-35 Hick	ory Hue MARY
11		C. CITY OR TOWN	D. INSIDE CITY UMITS? 13-06
Union Memoria		E. STREET AND NUMBER	YES V NO NO
44		3535 HICKE	orx Ave.
5. SEX 6. RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE	On years W. H. L. S. W. W. M. L. S. W.
m WIDO	WED DIVORCED	8/2/19m lost birth	doy) Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KINd done during most of warking life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign count	nyf 12. CITIZEN OF WHAT COUNT
	VATE ESTATE	MARYLAND	USA
3. FATHER'S NAME	00.111-	14. MOTHER'S MAIDEN NAME	00//
Leure R. 1: HIP		Deserves R. L.	1.4
5. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	7
res, no or unknown) ut yes, give wor at doles of ser	SECURITY NO.	C	ADDRESS
NO NONE	217-01-9903	tamily reards	
18. 410 91	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			DETWEEN ONSET AND DEA
(This does not mean the made of dying	(A) IMMEDIATE CAD		Herry
heart failure, asthenia, etc. If means the dis injury ar complication which caused death.)	eose, DUE TO, OR AS	CONSEQUENCE OF:	
ANTECEDENT CAUSES	and the same of th	1 0	
DISEASES OR CONDITIONS, if any, g	(B) 0000	A CONSEQUENCE OF	ocarles upote 140
rise in the above cause (A) sinting	iving DUE TO, OR AS	A CONSEQUENCE OF:	
UNDERLYING CONDITION lost.	(c)	-	
Z OTIES CICALIFICATION			
I TO THE DEATH BUT NOT RELATED TO THE TERM	ING NAL		1
JINA DATE OF ORGANIAN INC.	***************************************	120 A	
WAS PERFORMED	OK WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF	YES WERE FINDINGS CONSIDERED
21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in	100	
OR CONTRIBUTING CAUSE OF DEATH (notify medical axaminat)	home, form, factory, street, aft	ica bldg., INJURY OCCUR?	(If In Boltimore City, give exoct location)
21D.TIME (Month) (Doy) (Year) (Haud	21& INJURY OCCURRED		
OF INJURY (APPROX.)	While At Work At Work	21F. HOW DID INJURY OCC	CUR?
	The street		,
22, I certify that (1) (this hospital) attend			to pread 19
that (1) (we) last saw the deceased alive		A) (our) apinion death accurred on the dat
and haur and from the causes stated above	% (I) (We) (did) (did not) vi	ew the hady after death	
23A. SIGNATURE)	say and deaths	238, DATE SIGNED
/////////	- Ohio	ding Med. Staff Phys.	13/2/-
23C. PHYSICIAN'S	DEGREE Phys.	Director Phys. L	142/10
NAME (Type) TRallin O+	to JV	1066 St P.	gul Shock
AA. BURIAL CREMATION, 24B. DATE 24	C NAME OF CEMETERY OF CREE	Darlo Ma	21202
BEMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (Stotel
041/41 Vec. 5/17/0/	10scester (P)	METERY WESTMAN	usten Md.
DECS 1258, NAI	ME OF REGISTRAR	25C. FUWERAL OTRECTOR	ADDRESS AL DA
■ F F B → E F ■ ■ T F F F F F F F F F F F F F F F F		. CONTRACT A 1 1 / 7 3 1 / 1	ALL I AMIA A . I WILLIAM
150-REV ₀ 1/1/68	are a series	Town MIN	NO JONE GENERAL

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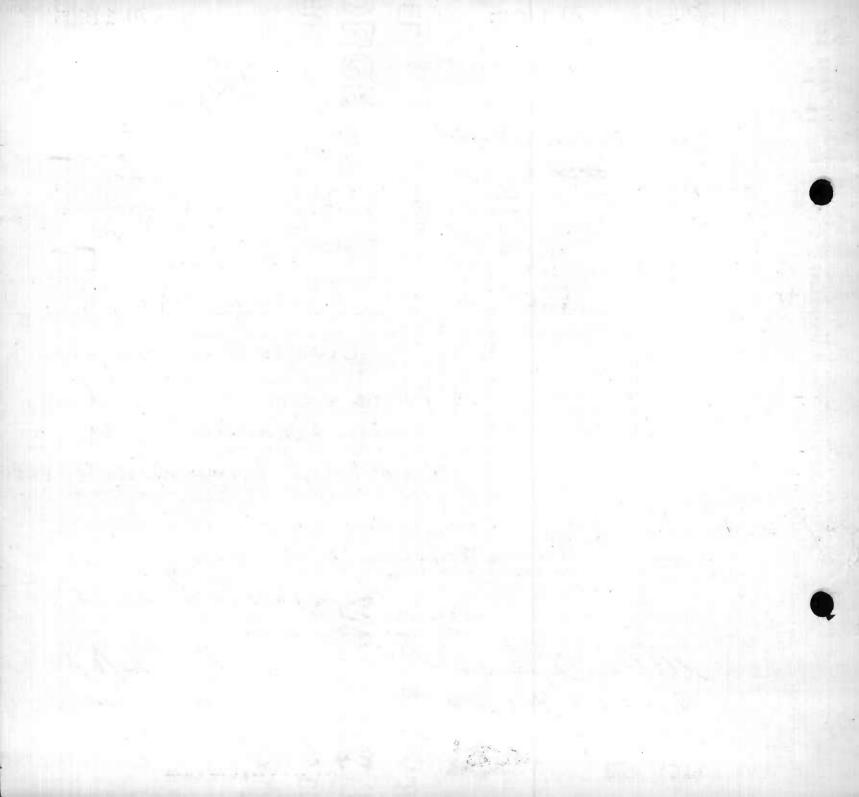
If Under 24 Hrs.

Spring Syrus Dec 170 2 145

The Court of March Contended South State of South March Contended South March Contended South South Contended South So

	2 400	70 11905	BALTIMORE CITY	HEALTH DEPARTMENT	, 45	70 11905
ВІ	7-4XO	o Tiana	CERTIFICA	TE OF DEATH	REG. NO.	10 11309
(Ту	pe or Print) Be	als ana d	e (Anna Lee	BEALS) 12/6	170	1605 A M
		F NOT IN HOSPITAL OR INS		A. STATE B. COUNT	deceosed lived. If in	(stitution: residence before odmission)
H	OSPITAL OR	ADDRESS OR LOCATION)		C. CITY OR TOWN		DE CITY LIMITS?
	Johns G	topkers Ho	spital	E. STREET AND NUMBER		YES NO
	33			537 High.	St	
S.	emale 6. RA	widowe	D NEVER MARRIED DIVORCED		AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION during most of working		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY
No.	Bookkeeper	(Vita Foods	, Inc.) W	est Virginia		USA
13.	Charl	es Brow	H	14. MOTHER'S MAIDEN NAM	HASO	74
1 S. (Y e	Was Deceased Ever is, no or unknown) (If ye	n U. S. Armed Forces? s, give wor or dotes of service		17. INFORMANT		igh Secress
	no		216 07 6970	Wm. Otis Be	als Ches	tertown, Md.
	18.	CONDITION DIRECTLY	CAUSE OF DEATI			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEAD	ING TO DEATH	(A)IMMEDIATE CAU	SE CARDIDRESPI	PATDELL A	tracer 3 hrs.
	heart failure, asthe	on the made of dying, e. nia, etc. II means the diseas	g., DUF TO, OR AS	A CONSEQUENCE OF:	J	22.528.42
		an which coused death.)		4 . 0		50
		ONDITIONS, if any, giving	(B) THE AT	A CONSEQUENCE OF:	TAINTE	e lo Rays.
	rise to the aboundERLYING CO	ive cause (A) stating t NDITION last.	(c) CHEO	NIC ACTIVE	HEPATIT	15 Unknown.
7		II			·	
ATION	TO THE DEATH BUT	CONDITIONS CONTRIBUTION NOT RELATED TO THE TERMINA	G TURINE	ETHOL BO	ne marson	Novicity - 1-2m
		ATION 19B. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
CERTIFIC	21A. ACCIDENT WA		TB. PLACE OF INJURY (e.g., in	n or about 21 C. WHERE DID		
CAL	OR CONTRIBUTING	CAUSE OF	ome, form, foctory, street, of	fice bldg., INJURY OCCUR?	(ii iii bolilmor	e City, give exoct location)
MEDIC	21D. TIME (Mon	th) (Doy) (Yeor) (Hour) 2	IE. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
2	(APPROX.)		While At Not While At Work			
		(1) (this hospital) attended	141	Josepher dr.	70 10 Les	mber 6 19 70
		sow the deceased alive or			t in(my) (our) opi	nion deoth occurred on the dot
	ond hour ond from	the causes stated above.	(1) (We) (did) (did not) v	iew the body ofter deoth.		23B, DATE SIGNED
	11/11.	and Man	1 / / / / D / DL	nding Med.	Shaff Phys.	12/6/22
-	23C. PHYSICIAN'S NAME (Type)	M A PROLL	aegree Phys	Director L F	/ /	10/0/
	WIZLIAN	1 L. HORI	IATH GVI.O.	110HN3	LA PISIA	15 XX05 PBALTOKA
24.	REMOVAL (Specify Burial	N. 248, DATE 24C.	NAME of CEMETERY OF CRE			ty, fown, or county) (Stote)
2.5			Chester Ceme	tery Che	stertown,	Md. 21620
25.	NECS 107	REALTH DEPT. 258. NAM	E OF REGISTRAT	250 TUNGRAL BIRCTOR	12000.	Chestertown, Me
VS	150-REV. 1/1/68	A Constant of Annah		- Huxx	The state of the s	

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DIRECTOR:

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VS 150-REV. 1/1/68

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The Police

-48 17-

A. BIRTH		1 1 7	TE OF DEATH	REG. NO	70 11907
Type o	OF DECEASED HERBERT	ARMOLD		NO HOUR OF DEATH	68
3. PLA	CE IN BALTIMORE, MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	EMBCR 5	stilution: residence before admission
FULL N HOSPIT	NAME OF (IF NOT IN HOSPITAL ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	Balt, C	DE CITY LIMITS?
UN	JIVERSITY OF MAS	RYLAND	BALTIMOR	E	YES NO
3 2 5. SEX	8	HOSPITAL	1718 NEWC	ASTLE RD	
MAL	-6 1111179	MARRIED NEVER MARRIED DIVORCED	6-28-97	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
IOA, USI	UAL OCCUPATION (Give kind of work 108			73	12. CITIZEN OF WHAT COUNTRY
_Sc	ring most of warking tife, even it relired) OLOSMON HER'S NAME	Rrass & Copper C	BALTIMORE	MARYLAND	U S A
			14. MOTHER'S MAIDEN NA		
J 0 /	hn G. Arnold Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	Mary Elizab	eth Nauman	.n
No	Deceased Ever in U.S. Armed Forces? or unknown) (If yes, give war or dotes of	215-09-9881	Herbert J. A.	rnold- 171	8 NewcastleRd.
1B.	200.01	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECT		CSOTIC Silver	_	
(Thi	is does nat mean the mode of dyi art failure, asthenia, etc. It means the		SE SEPTIC SHOCK	<	3 hrs
inju	pry or camplication which caused dec	th.)			
	ANTECEDENT CAUSES	(B) PA	AINOMUBL		24 hes
DIS	EASES OR CONDITIONS, if any, la like above couse (A) state	giving DUE TO, OR AS	A CONSEQUENCE OF:		*****************************
UN	DERLYING CONDITION last.	(c) RETICU	LUM CELL SE	ARCOMA	1 YEAR
= 110 I	II ER SIGNIFICANT CONDITIONS CONTRI THE DEATH BUT NOT RELATED TO THE TE ASE OR CONDITION GIVEN IN PART 1 (PMINAL			
19A.	DATE OF OPERATION 198 CONDITION WAS PERFORA	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIL	NDINGS CONSIDERED SES OF DEATH?
21A	NONE			IN CERTIFYING CAUS	SES OF DEATH?
DEA	CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., In home, form, foctory, street, offi	or obout 21 C. WHERE DID INJURY OCCUR?	(If In Boltimore	City, give exact location)
21 D. OF I	TIME (Month) (Doy) (Year) (Ho		21F. HOW DID INJU	RY O CCUR?	
APP	PROXI	While At Not While At Work			
22.	l certify that (#) (this haspital) att	ended the deceased from 12]	<u>41</u>	970 to 12	-5 19 70
that	(we) last sow the deceased al	ive on 12/5	19.70 ond the		on deoth accurred an the date
and	haur and from the causes stated a	bove. 4) (We) (did) (did not) vi	ew the bady after death.		
	& C Mohaller	M.D DEGREE Phys.	ding Med.	Staff 2	23 B. DATE SIGNED
23C.	PHYSICIAN'S NAME (Type) 2. E. MAHAFF	EY M.D. 25	Universit 5	7 Waylon	Hospital
REA	RIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CREA	MATORY 24D. LO	CATION (City,	town, or county) (Stote)
	irial 12/9/70	Lorraine Park	Cemetery Bala	imore, Ma	
SA. DA	ECB PHALTH DEPT. 258,	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	10	Estate ADDRESS
S 150-R	REV. 1/1/68				



DIRECTOR:

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South Balamin Fromas Hop has sort Sanger it Pet = E shupe scled", x stoke don't Braile Haden George Hitch is Respecting lesters deplan ! prostanty 21/2 1 1/4 20/m C Long of Phone 10 SAND YOUR KHIPS Lout Baltimon Hours ! !

25C. FUNERAL DIRECTOR

Addlphus Halstead 1206

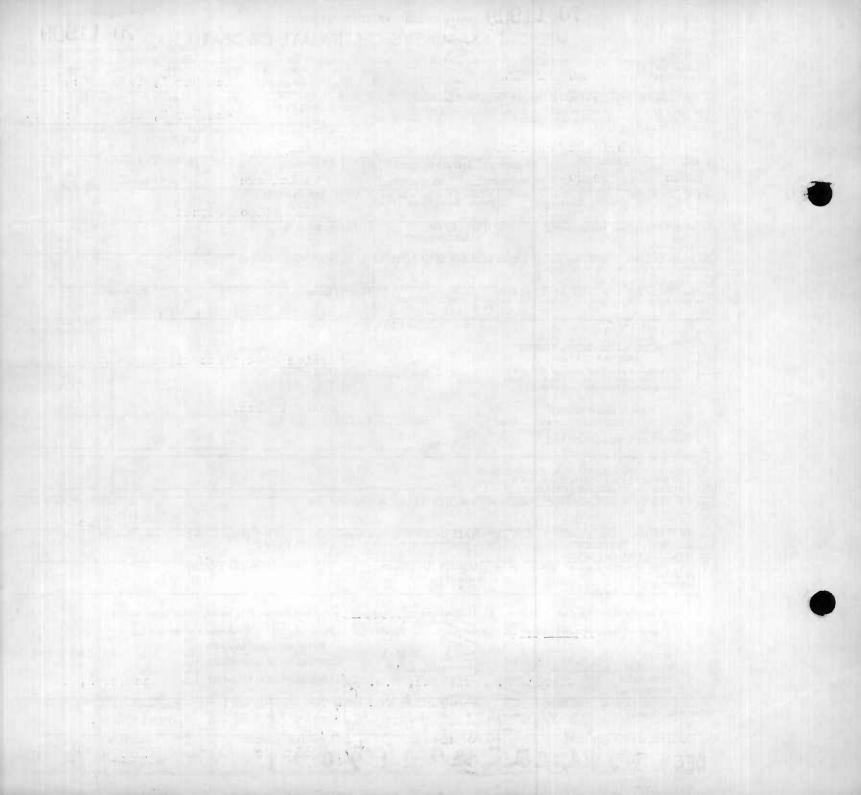
25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

258, NAME OF REGISTRAR

ADDRESS

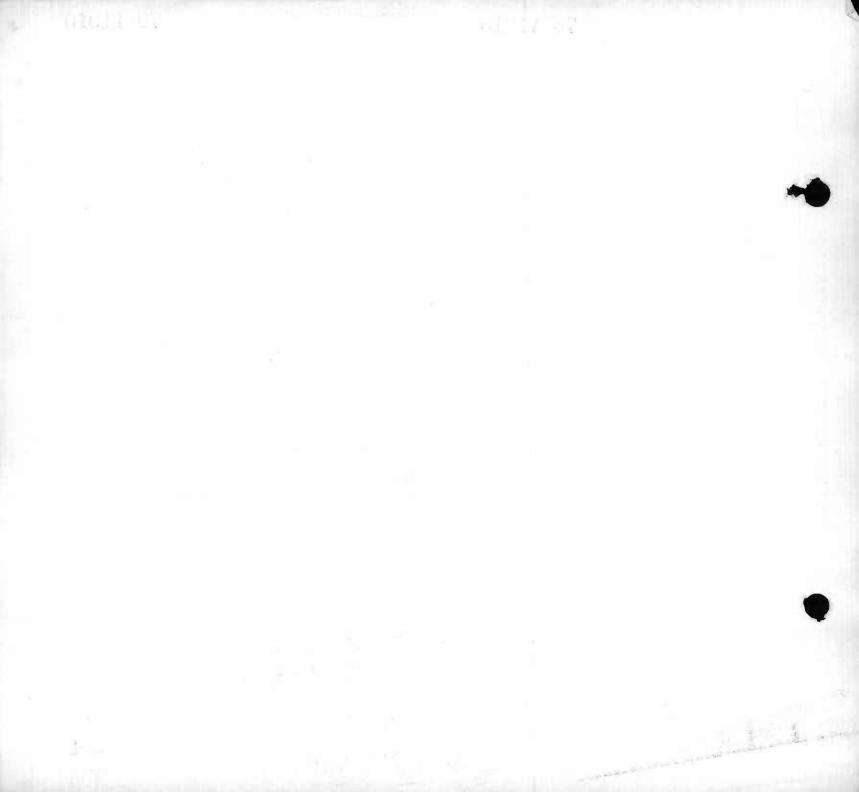
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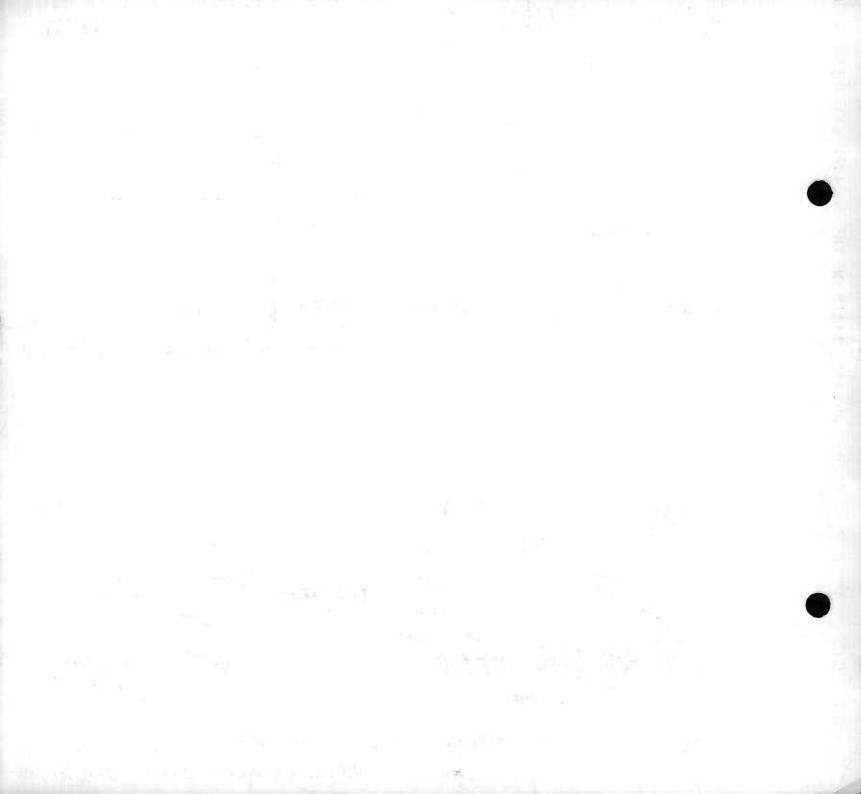
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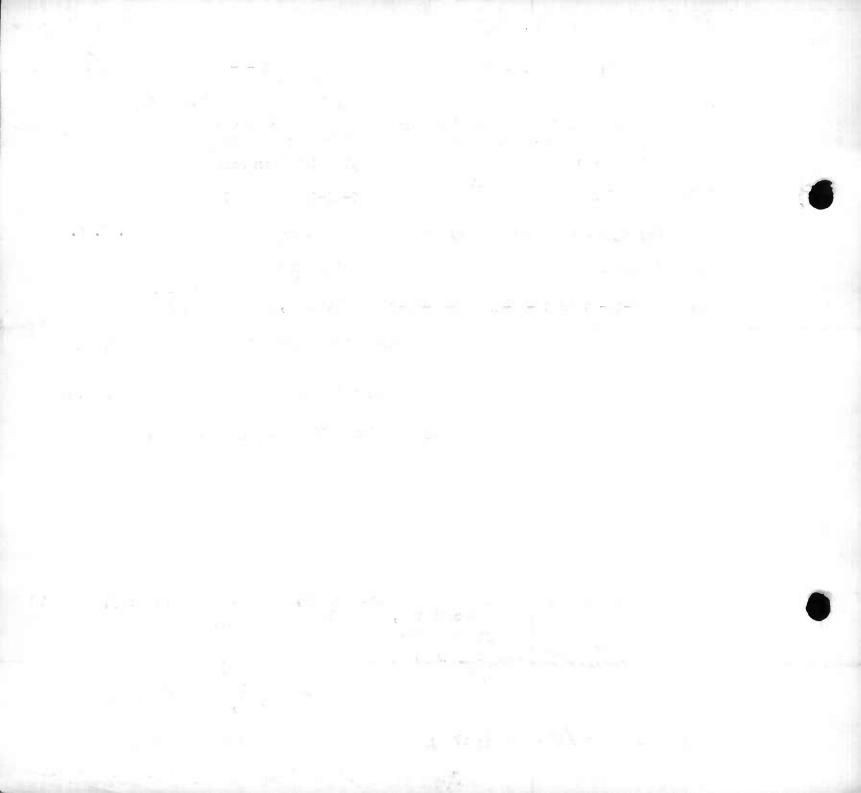
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BI	(-23)	O '	70 11	911		Y HEALTH DEPARTMEN		70 119f1
	NAME OF DEC	EASED	5.0		14674	2, DATI	AND HOUR OF DEAT	H C
2	PLACE IN PAI	ESI Y	SCO	17	۲.	12	-4-70 A°	PM! M.
FL	PLACE IN BAL DHNS JLL NAME OF OSPITAL OR ISTITUTION	NO PKI	NS.	NOSPITA		A STATE 8. CO MARYLAND C. CITY OR TOWN	Howard	institution: lesidence before admission) 3 0 0 ISIDE CITY LIMITS?
	33THE	JOHNS	HOPK	INS HO	SPITAL	S I MPSONV I E. STREET AND NUMBE POST OFF I		YES B NO
	SEX	6. RACE		WIDOWED	NEVER MARRIED V	11-4.70	9. AGE (In years lost birthday)	II Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.
001	ne during most of V	ve vi	en il retired)	108, KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote of	fareign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAM	ME				14. MOTHER'S MAIDEN	NAME	
	LA	MAR VE	ST			IRIS	7	
5. Ye	Was Deceased s, no or unknown)	Ever in U. S. (If yes, give	Armed Fore wor or dates	es? of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	,	ADDRESS
_	NO				MONE	PARENTS	AB	BOUE
		E OR CONE		CTLY	CAUSE OF DEA	TH 1/-		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does no heart foilure,	ol mean the asthenia, etc	mode of	he disease.	(A) IMMEDIATE CA	USE VENTAKULY A CONSEQUENCE OF:	n JEPTAL DE	FEET I MONTH.
	injury or com	NTECEDEN		leo ih.)				
	DISEASES O			ny. aivina	(B)DUE TO, OR A	S A CONSEQUENCE OF:	******************	******************************
	rise to the UNDERLYING	above co	use (A)	slaling the	(c)		10 trusp	
ATION	OTHER SIGNIFICATION THE DEATH DISEASE OR CO	H BUT NOT RE	LATED TO THE	TERMINAL	***************************************			
ERTIFIC	19A. DATE OF	OPERATION 70	WAS PERFO	TION FOR WI	HICH OPERATION	20A. AUTOPSY? (Yes of	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED NO
CALC	21A. A CCIDEN OR CONTRIBUT DEATH (notify	TING 🔲 CAU	SEOF	218, P home, etc.)	LACE OF INJURY (e.g., form, foctory, stroet, o	In or about 21 C. WHERE DIC	(If In Baltima	ore City, give exact locotton)
MEDI	21 D. TIME OF INJURY	(Month) (Do	y) (Year)		NJURY OCCURRED		INJURY OCCUR?	
	(APPROX.)			While Work	At Work	° 4/1 /20		17/1/12
	22. I certify t	that (1) (this	hospital)	attended the	deceased from	11/16/10.		19
								Inlan death accurred on the date
	234 SIGNATUR	from the co	uses state	d abave. (I)	(He) (did not)	view the body after deat	h.	
	Willen	Caita	Walk	U. MB	A.B. Ath	ending Med. Director	Shaff Phys.	238, DATE SIGNED
	23C. PHYSICIAN NAME (Ty	ILLIAM	E. WA	LHE-R		23D. ADDRESS	HOPKINS HO	SPITAL
4.4	BURIAL CREM	ATION, 248	DATE	24C.NAA	AE of CEMETERY of CR	EMATORY 24D	LOCATION (C	ity, town, or county) (State)
	REMON		2/5/20	GAR	DEN OF	MELLO RIES	BELTON	S, C
5 A	DEC 9	1970	0 -	E. Jake	REGISTRAR	J. G. COMA	YELLY SO	ADDRESS PAS 300 MACE
5	150-REV. 1/1/6			4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	14	(-) (-) //		NS 300 MACE



H-322 70 11:	BALTIMORE CITY	HEALTH DEPARTMENT	70 44040
BIRTH NO.	CERTIFICA	TE OF DEATH REG. N	o. 70 11912
1. NAME OF DECEASED		2. DATE AND HOUR OF D	EATH
HODGES, Harry Ray	mond	12-5-70	10:30 P _M
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased liver	d. If institution: residence before admission)
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION	INSTITUTION, GIVE STREET		ILTO. 5300
veterans Administr	ration Hospital	につうとく	D. INSIDE CITY LIMITS?
3900 Loch Raven		Baltimore E. STREET AND NUMBER	YES NO A
Baltimore, Marylan	nd 21218	370 Nicholson Road	
5. SEX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In year)	s If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Male White WID	OWED DIVORCED	1-24-19 last birthdoyl 51	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. Ki	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	EWS PAPER	V.A	U. S. A.
13. FATHER'S NAME	1776	14. MOTHER'S MAIDEN NAME	0. D. A.
Alfonso Hodges		Alice Jones	
	1 6. SOCIAL		
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dotes of se		17. INFORMANT VA Hospital Rec	cords ADDRESS
Yes 4-12-41 to 10-27		Baltimore, Maryland 2	1218
18. 199. 1	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY	Int	estinal Infarction	1 Day
(This does not mean the made of dving	(A) IMMEDIATE CAUS		1
heart failure, astherio, etc. It means the di	seose.	CONSEQUENCE OF:	
ANTECEDENT CAUSES		cardial Infarction	3 Days
	-		2 20,5
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoling	giving DUE 10, OR AS	CONSEQUENCE OF:	
UNDERLYING CONDITION last.	(c) Mesothel	ioma With Probable Metes	stases
7			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERM	TING		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************		***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART I (A). 179A DATE OF OPERATION 179B CONDITION WAS PERFORMED WAS PERFORMED TO THE PROPERTY OF THE PROPERTY	POR WHICH OPERATION	NO NO 208 IF YES W	VERE FINDINGS CONSIDERED 3 CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	Itimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	home, farm, foctory, street, offi	ce pldg INJURY OCCUR?	immore City, give exect location)
DEATH (notify medical examiner)			
OF INJURY	While At Not While	21F. HOW DID INJURY OCCUR?	
(APPROX.)	THE THE PARTY OF T		
22. I certify that (this hospital) atten	ded the deceased from NO	vember 25, 19 70 to 1	December 5. 19 70
that (X) (we) last saw the deceased allve	on December 5,		opinian deoth occurred on the date
and hour and from the couses stated abo		aw the hady after death	and a source on the gold
23A. SIGNATURE	Same A Company All		23 B. DATE SIGNED
iland +17	Esty M.D Atten	ding Med. Staff Phys.	
23C-PHYSICIAN'S	DEGREE Phys.		
NAME (Typel		2400 moon maken	
KAMEEL FARAG	MD DEGREE	Baltimore, Maryl	
	TO TAME OF CEMETERY OF CREA	AATORY 24D. LOCATION	(City, town, as county) (State)
13VK14L 19/20	CREST LAWK		MD
	ME OF RECESTRAND	250 FUNERAL DIRECTOR	ADDRESS
	Jacker & D	D. S. Comold Son	200 Whom Day
'S 150-REV. 1/1/68			



1	8-200	70	119	12			DEPARTMENT	V pro No	70	11913
_	TH NO.		ALU,	TO	CERTIFICA	ATE C	F DEATH	REG. NO		
	pe of Printil B	EECHE	r, JI	EAN	М.			MU. 5, 71	0	1 8=30 A m.
3.	PLACE IN BALTIA	MORE MARYLAND,	WHERE PRO	ONOUNC	ED DEAD	A. STA	AL RESIDENCE (Wh	ere deceosed lived. If NTY	institution:	residence before admission)
FU HC	LL NAME OF SPITAL OR STITUTION	(IF NOT IN HOSE ADDRESS OR LO	TTAL OR IN	ISTITUTIO	N, GIVE STREET		ary land	40 7 44	SIDE CITY	33-00 J
1	Union	Memoria	e H	ospi	tal	E. STRE	E STEYSTE ET AND NUMBER	14.41	YES	
5. :		RACE			VEVER MARRIED	8. DATE	4 Cheyy	19. AGE (In years	Road	
	emale	white	WIDOV	VED 🗌	DIVORCED	0	3-03-27	last birthday) 43		Doys Hours Min.
don	e during most of wor	king life, even if relired	I BE KIND	OF BUS	INESS OR INDUSTR		HPLACE (State or for		12. CIT	IZEN OF WHAT COUNTRY?
12	FATHER'S NAME	ite					ennsyl			merican .
13.		-	LLEI	2		14. MO	Floren	_	hard	+
15. (Ye:	Was Deceased Even, no or unknown) (If	er in U. S. Armed I yes, give wor ar de	orces?	cel 16.	SOCIAL SECURITY NO.	17. INFO		100	76(700	ADDRESS
	no				0-22-6227	M	. EDWII	J BFFCF	te L	some,
	18. /7 4	1		-	CAUSE OF DEA	TH				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION I					an Corm	1 -		
		mean the mode		e.g.,	(A) IMMEDIATE CA			escisio		
		lhenio, etc. Il mear cation which cause		ase,	1	A CONSE	docured or .			
	AN	TECEDENT CAUSI	S		Ch	ven	me	& break	4	
		CONDITIONS, I			(B)DUE TO, OR A	S A CONS	EQUENCE OF:			
		abave cause (A CONDITION last) staling	the	(c)					
		11			(-/					40
ATION	TO THE DEATH E	NT CONDITIONS COUT NOT RELATED TO	THE TERMIN	NG IAL	M0000000000000000000000000000000000000	·	***************************************	***************************************		
CERTIFICATION	19A. DATE OF O	PERATION 1198, CO		OR WHIC	H OPERATION	20A.	AUTOPSY? (Yes or N	o) 208, IF YES, WERE IN CERTIFYING CA	FINDING:	S CONSIDERED DEATH?
	21A. A CCIDENT OR CONTRIBUTED DEATH Inotify me	WAS UNDERLYING NG CAUSE OF edical examined		218, PLA home, fa etc.)	CE OF INJURY (e.g., rm, foctory, street,	in or obou office bldg.	21C. WHERE DID INJURY OCCUR?	(If in Boltime	ore City, gi	ve exoct focotion)
MEDICAL	21D.TIME (A OF INJURY (APPROXI	Aonthi (Doy) (Yeo	i) (Hous)	While A		ile [21F. HOW DID IN	JURY OCCUR?		
	22. I cartify the	at (1)(this haspit	n nettenda	Work	At Work	JOV.	30	10 170 to DP	comb	5 19 70
		st saw the decea		_	ecemb. 5	19		.17		oth occurred on the date
		am the causes st	ated above	e. (1)((W	e) (did) (did not)	view the	bady after death.			
	23A. SIGNATURE	1.	N		At At	ending [Med.	Shoff ICZI	23B. DA	TE SIGNED
	23C. PHYSICIAN'S	mu	Uhe		MO DEGREE PH	23D. ADD	Director L	Staff Phys.	ע	comb. 5, 70
	NAME (Type	Thomas	ML	1 =		-30. ADL	. 1	Means	v.r. 0	H.c. 14 0
24/	BURIAL CREMA	TION, 24B. DATE	1240	C. NAME	of CEMETERY of C		Unio		ity, town,	or county) (Stote)
	REMOVAL (Spec	Dec. 8, 19		m. 1	1- 0	etery		milton	-	usy/VAUIA.
25/	DUVIA	HEALTH DEPT.	258, NAA	ME OF RE	GISTRAR		FUNERAL DIRECTO	R	1 (M)	
	DEC 9 19	70 Pobers		1 /	8,	6	ckhends	+ July cra	To A	5. 120 gss 356-76.76
VS	150-REV- 1/1/68									1



VS 150-REV, 1/1/68

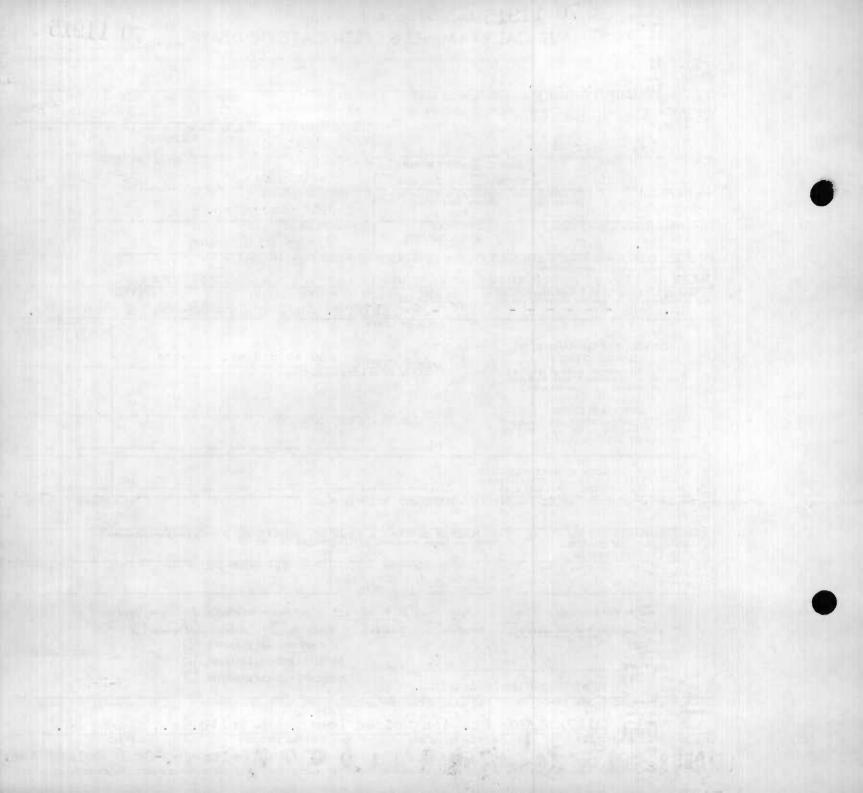
BALTIMORE CITY HEALTH DEPARTMENT

New Taksey U.S. A

BUNIAL 12/8/TE KATTAGAL MEN FALLS CHUKCH VA.

	0	70 11915 BALTIMORE CITY HEALTH DEPARTMENT	
1	B-550	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 70	1191

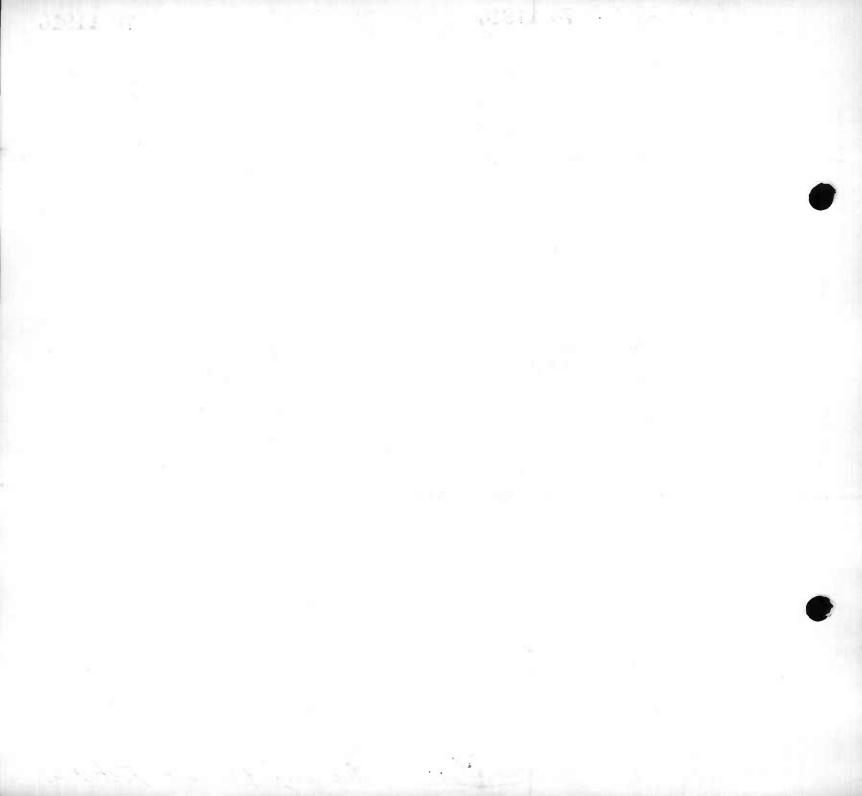
BIRTH NO.		MILL	ICAL	. LA	AMIII ALICO A	CLIVIII	CAIL	Oi	DLAI	REG. NO	0,		
I. NAME OF DEC	EASED					2. DATE	Known	П	Month	Doy	Year	Hour	
(Type of Print)		AMES F	D/T.	TA A N.T.		OF	Estimoi						
4. PLACE IN BAL					NCED DEAD	3. DATE	23111101		Month	Doy	Yeor	Hour	М.
FULL NAME OF HOSPITAL					N, GIVE STREET	13	UNCED DE	EAD	12	6	1970	8:45	а м.
OR INSTITUTION	48 Quar					I A CYAYE	RESIDENCE Maryla			ed. If Instituti B. COUNTY	ion: residence	before odmi	ission)
6. SEX	7. RACE			ten 🗺	NEVER MARRIED	C, CITY O				D. INSIDE	CITY LIMITS?		6.1
male	white		WIDOW		DIVORCED		Baltim	ore			YES 🖾	NO 🗆	
8/18/25		10. AGE (in losi birthdo: 45	yeors y)	If Und Months	er 1 Yr, If Under 24 Hrs. Doys Hours Min.		848 Qu		Ave.				
Md.				W	IZEN OF			-	Bowma	n			
done during most of w	rorking lile, eve	en if reilred)			SINESS OR INDUSTR	Y 15. MOTH	ER'S MAIDE	EN NA		+ h - m -			
Noma Del					d's Bread	18. INFOR	MANIT		DI.0	thers	ADDRESS		
(Yes, no or unknown)	(If yes, give w	or or dotes	of service		7. SOCIAL SECURITY NO. 220-22-44:			ma	Bowma			rv A	ve.
19.	130 11.				CAUSE OF DEA					2	A	PPROXIMATE I	NTERVAL
376											BETT	WEEN ONSET	AND DEATH
	E OR CÓNDI LEADING TO		CTLY			Rh	eumati	c he	art di	sease			
(This does no	of meon the	mode of dv	lng. e.g.,		(A) IMMEDIATE	AS A CONSE							
heart loilure,	, osthenio, etc.	It meons the	disease,		DUE 10, OK	AS A CONSE	QUENCE OF	*					
injury or con	ipitcoilon whic	in coused ged	in.)										
1A	NTECEDENT	CAUSES			(B)								
DISEASES C	OR CONDITION	ONS, IF ANY	GIVING		DUE TO, OR	AS A CONS	EQUENCE O)F:					
UNDERLYIN	IG CONDITI	ON LAST.	ING INE		(-)								
8					(c)								
O THE DEA	IFICANT CON	RELATED TO	THE TERM	UNAL									
20A DATE OF	CONDITION				HICH OPERATION W	AS DEDECT	MED				21 AUT	OPSY? (Yes	or No
5	OI EKAHOI	205. CO	ADIIIOIA	FOR II	MCH OFERAIION II	AS PERFOR	MED						01 140)
											у		
OHINDEDIVINIC		TRIB-		home, f	ACE OF INJURY (e.g., arm, factory, street, offi	in or obout e bldg., etc.)	22C. WHER	E DID ((II in Bolitmoi	re City, give e	exact location)		
≥ 22D. TIME		oy) (Year) (Hou	r) 22E	INJURY OCCURRED		22F. HOW	DID IN.	JURY OCCI	JR?			
OF INJURY (APPROX.)				m. WH	ILE AT NO	WHILE U							
23.	Ify that I he	eld an L	nguley [- 1		topsy 📑	and the	at on ti	his basis	death in m	y oninion		
	ted from: N		7 -	_			lomicide [_		ned manne			
			Th	-	1 1				XAMINER				
ACTUAL	URE		The	ilia	lalon MI	ASS	SISTANT ME					DATE SIG	NED
EXAMINI NAME (T	To	idore			s, M.D.		OCIATE ME	DICALE	XAMINER		12-7	-70	
24A. BURIAL CREA	MATION, 2	48. DATE		24C.	NAME of CEMETERY	or CREMAT	ORY	24D.	LOCATION	(City, to	wn, or county) (51	ote)
Burial		12/10		Mt	.Zion Uni	ted Br	eth.		Balto	.Co.,		Md.	
25A. DATE REC'D	BY HEALTH	DEPT.	258. N	IAME C	F REGISTRAR	25C.	FUNERAL				ADDRESS		
DEC9	970 O	Sep E	Sails	Sed 1	6000	1 2	AS AM	an'	Seitz	Jr	3818 R	oland	Ave
VS 151-REV. 1/1/6	В												



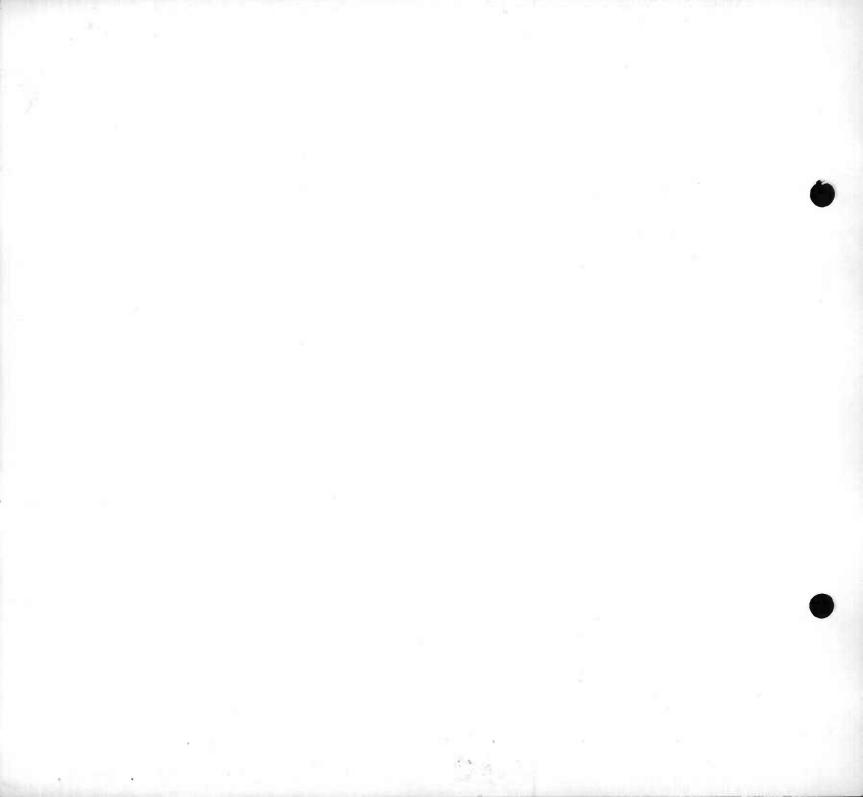
IMPORTAN DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

7	70 44040
REG. NO.	70 11916
ND HOUR OF DEATH	
32m /2-	+6-70
ere deceosed lived. If institution:	residence before odmissiani
NIT	11/12
D. INSIDE CITY	LIMITS?
YES Z	NO [
+ CLEMENT	St. 21230
	er 1 Yr. If Under 24 Hrs. Doys Haurs Min.
last birthday) Months	Doys Haurs Min.
eign cauntry) 12. CI1	TZEN OF WHAT COUNTRY?
ME	
Donick.	
	ADDRESS
ART	
	APPROXIMATE INTERVAL
	BETWEEN ONSET AND DEATH
infrom with	10/16/70
e small	
Jop agen	
desease	Mean
reolized	Men
- Jack	
Medete	
Mobiles	years
208. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED
IN CERTIFYING CAUSES OF	DEATH?
(If In Baltimare City, glv	e exact location)
URY OCCUR?	
7-	-/-
19 <u>70</u> 10 /	2/6 19 23
at in(my) (our) opinian deo	th accurred on the date
	E SIGNED
Staff Phys. / 2	16/72
10-1	1
I Bett	11 2/202
CATION (City, lown, o	r county) (State)
Ltchie Highway A	
Total Manager	ADDRESS
12.5 107	- 12 a
130 East 7	ne ave.



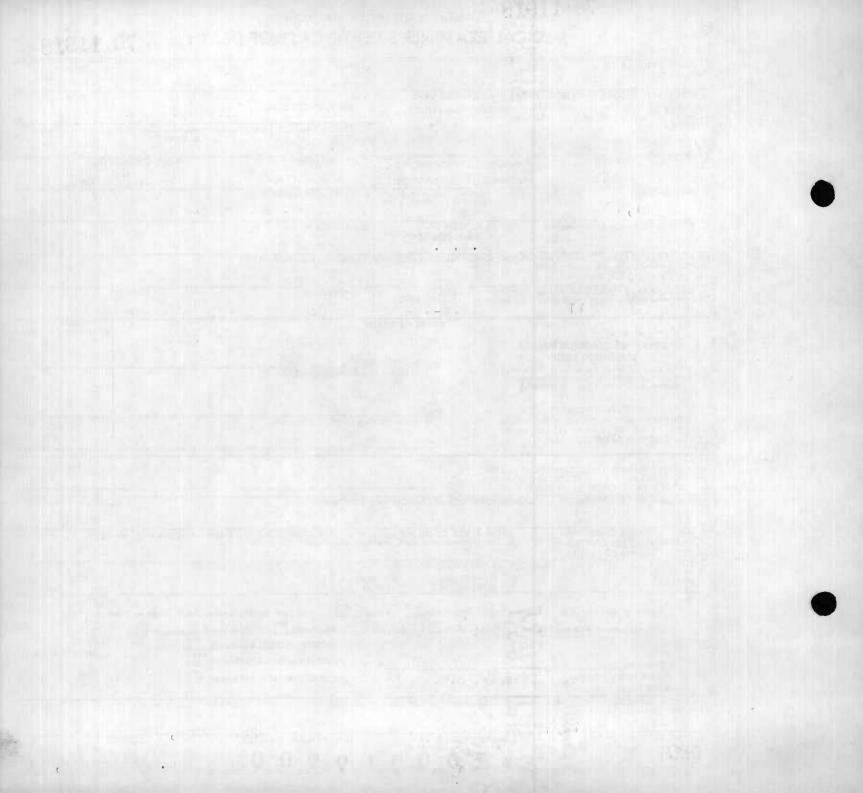
C-536 MO 1104		HEALTH DEPARTMENT		
BIRTH NO. 70 1191	7 CERTIFICA	TE OF DEATH	reg. No. 70	11917
(Type or Print) Hazel Irene (Cantrell	2. DATE AND HOU	1970	1 5:18 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceo		residence before admission)
FULL NAME OF HOSPITAL OR INS	TITUTION, GIVE STREET	Maryland C. CITY OR TOWN	D. INSIDE CITY	
USPHS Hospital		Baltimore	YES 🔀	NO 🗌
3100 Wyman Park Dt. 1		1529 Ridgely S	it.	
Female Caucosian WIDOW		3-8-192 last bieth	Months Months	er 1 Yr. II Under 24 Hrs. Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Sloje or foreign count		ZEN OF WHAT COUNTRY
HOUSEWISE 13. FATHER'S NAME		Maryland)5A
William H. Parker		Mary L. Fontz	mp.	
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no arunknown) Ut yes, give war or dates of service	16. SOCIAL SECURITY NO. 217-05-7820	17. INFORMANT Records - USPHS Ho	stital R.H.	ADDRESS M
18. / - 2	CAUSE OF DEATH		sprea Dalli	
DISEASE OR CONDITION DIRECTLY				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	Melas	latic carcinoma		2 1/00
(This does not mean the mode of dying, e.	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:		2 yrs.
heart failure, osthenio, olc. It means the disease injury or complication which caused death.)	s e,	0 1		
ANTECEDENT CAUSES	Carcin	oma oil colon		2 VID.
DISEASES OR CONDITIONS, if any, givin	(B)	A CONSEQUENCE OF:		
rise to the above couse (A) stating for UNDERLYING CONDITION last.	(c)	- CONSEQUENCE OF:		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	3 Roman	alore with hydron	ephrosis	mas.
A IDISEASE OR CONDITION GIVEN IN PART 1 (A).	*******************************			
WAS PERFORMED	R WHICH OPERATION	20A AUTOPSY? (Yes or No.) 20B. IF	YES, WERE FINDINGS	CONSIDERED DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	1B. PLACE OF INJURY (e.g., In ome, form, factory, street, off Ic.)	or about 21C, WHERE DID ice bldg., INJURY OCCUR?	(If In Boltimare City, gly	e exact lacation)
21D.TIME (Month) (Doy) (Yeor) (Hour) 2	E INJURY OCCURRED	21F. HOW DID INJURY OC	CUR?	
1(APPROX.)	Vhile At While At Work			
22. I certify that Af (this hospital) attended				
that (W (we) last saw the deceased alive on		Sept 9 19 70		The second secon
			7 (our) opinian dea	th accurred an the date
and have and from the causes stated above. 23A, SIGNATURE	V) (me) (did) (did not) vi	ew the body after deoth.		
Samuel P. Vard, M.	Aften Phys.	ding Med. Staff Phys.		C 6, 1970
Samuel P. Ward, M	I.D.	USPAS Hospital,	Baltimore	Md.
	NAME of CEMETERY OF CREA	MATORY 24D. LOCATION		
	.Olivet Cemeter			
	OF REGISTRAR		-, a.	ADDRESS
DEC 9 1970 Pagas E. Faller	An "U	25C FUNERAL DIRECTOR	Home Tao E	
/S 150-REV- 1/1/68		McCully Funeral	nome 130 E.	rort Ave.



70 11918

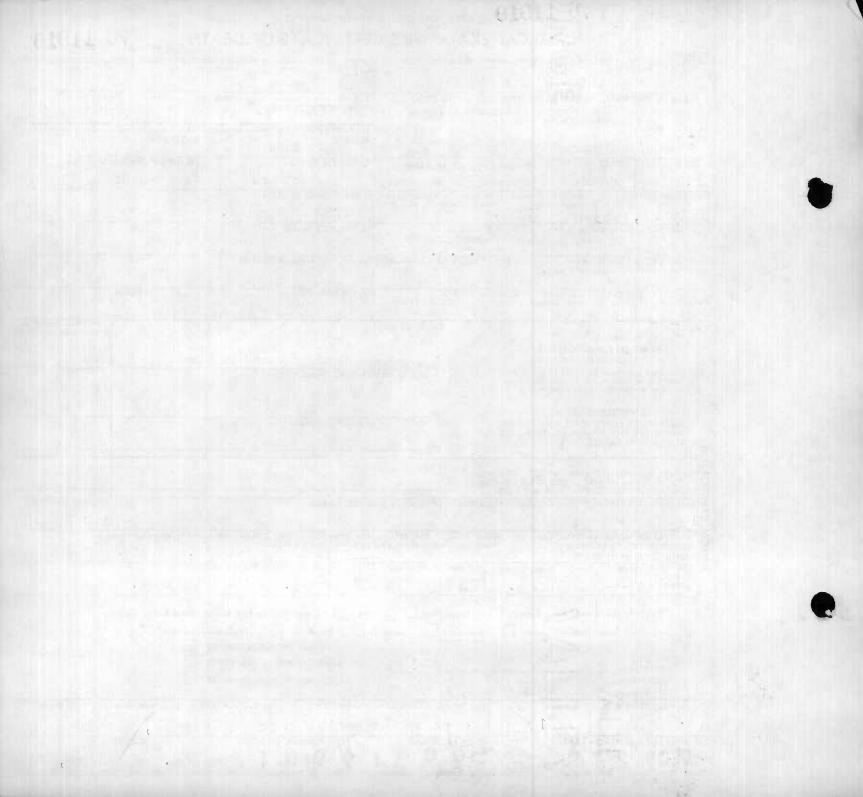
BALTIMORE CITY HEALTH DEPARTMENT

D-650 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 70 11948
BIRTH NO.	REG. NO. 70 11918
I. NAME OF DECEASED	2. DATE Known Month Day Year Hour
(Type or Print) CHARLES M. BROWN	OF Felimeted
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 12 7 1970 10:45 a
O C304 S. Gilmor St.	S. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male white widowed Divorced	Baltimore YES NO
9. DATE OF BIRTH 110.AGE (In years If Under 1 Ye. If Under 24 Hrs.	E. STREET AND NUMBER
July 31, 1898 lost birthdov) / Months Days Hours Min.	304 S. Gilmor St.
II. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF UWHAT COUNTRY?	13. FATHER'S NAME
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	George W Brown
dope during most of working life, even firetired) Steam Fitter	Caroline Weiss
4. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(17. SOCIALTY NO. Vest noor unknown) (11 yes, give wor or dotes of service) WW 11 218-18-893	9 Mr John F Brown Same
19. L/ / / CAUSE OF DEAT	
	rotic cardiovascular disease
DISTRICT ON CONTROL DIRECTE	rotte cardiovascular disease
LEADING TO DEATH	AUSE
neuri idiora, osinenio, etc. il medis ma disedse,	S A CONSEQUENCE OF:
Injury or complication which coused death.)	
ANTECEDENT CAUCEC	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO, OR A	AS A CONSEQUENCE OF:
	A CONSEQUENCE OF
I UNDERLING CONDITION IASI.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED [21. AUTOPSY? (Yes or No)
Ö A	no
✓ 22A. EXTERNAL CALISE WAS 1228 PLACE OF INHIBY/A C	
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF CAUSE OF DEATH.	in or about 22C. WHERE DID (If in Boltimore City, give exact location) bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT	WHILE []
23. m. WORK AT W	ORK L.
I certify that I held an angulry Inspection X Aut	opsy and that on this basis, death in my opinion
resulted from: Natural cooses X Accident Suicid	e Homicide Undetermined manner
1/1/2	CHIEF MEDICAL EXAMINER
ACTUAL TO THE TOTAL TO THE TOTAL TOT	ASSISTANT MEDICAL EXAMINER X
SIGNATURE M.D.	
EXAMINER'S Isidore Mihalakis, M.D.	ASSOCIATE MEDICAL EXAMINER LJ 12-7-70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (State)
	D 3
Burial 12/10/70 Baltimore 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Baltimore, Maryland ADDRESS and
DEC 9 1970 Pelley E. San Ber KA C	
/S 151.8FV 1/1/68	Lechard Ruck Inc. Baltimore, Md

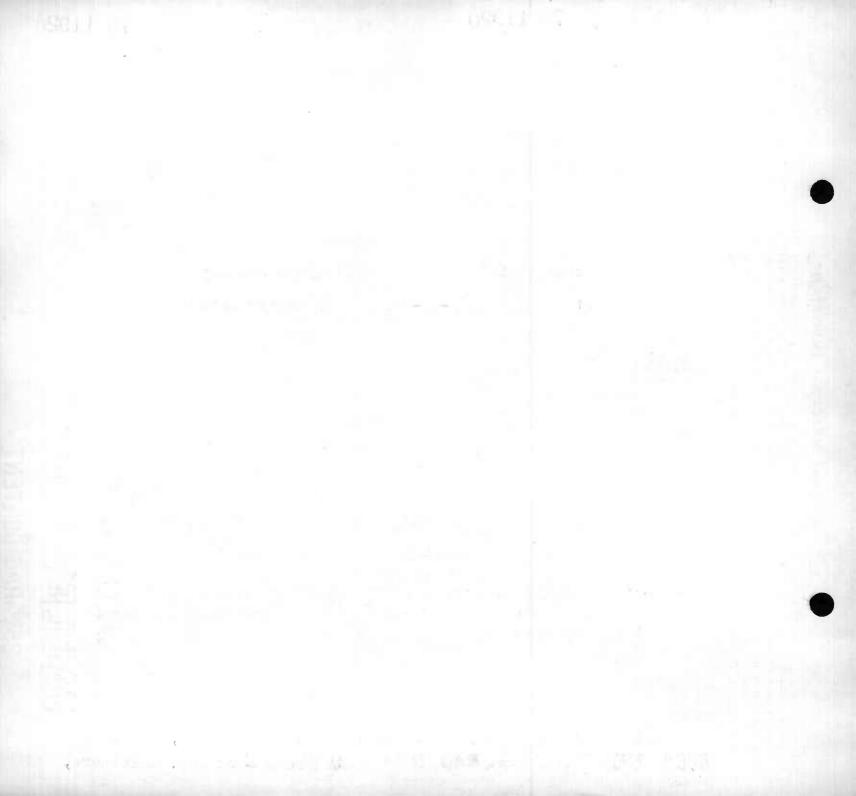


2	70 11919	BALTIMORE CITY HEALTH DEPARTMENT
7-635	MEDICAL	EVANABLED'S CEDTIEICATE OF DE

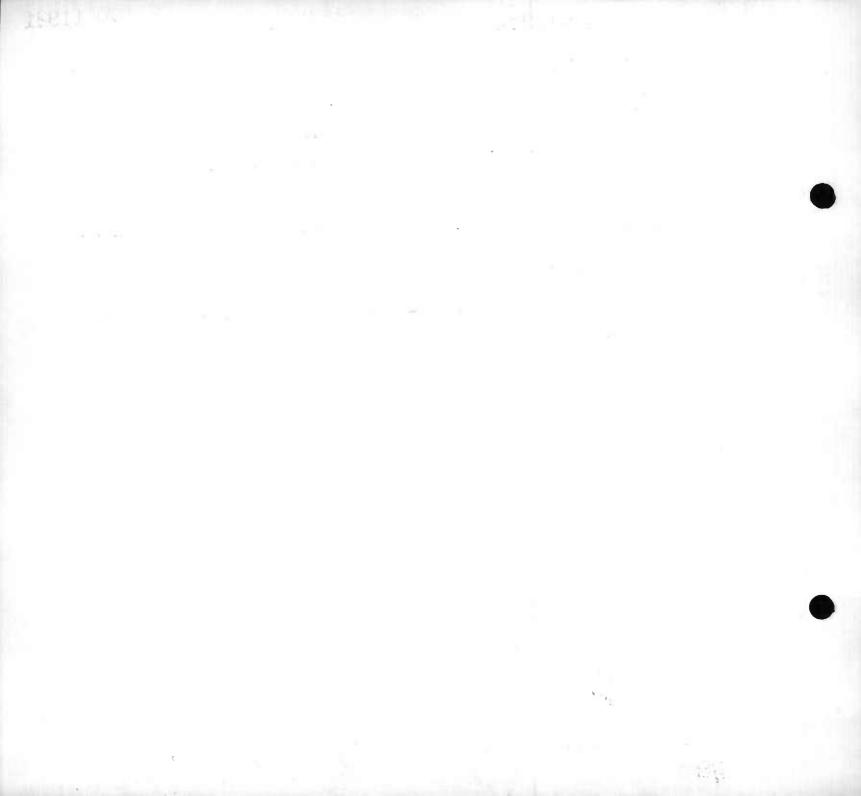
BIRTH I	- 602C		MED	ICAL	EX	AMINER'S	ERTIFIC	CATE OF	DEAT	H REG. NO.	70	1191	9_
						2. DATE OF DEATH	Known Estimated	Month	Doy	Year	Hour	м.	
4. PLAC	CE IN BALT	IMORE, MA	RYLAND, W	HERE PR	ONO	UNCED DEAD	3. DATE		Month	Day	Yeor	Hour	
FULL NA HOSPITA OR INST		(IF NO	TIN HOSPITA	L OR INST	OITUTIO	N, GIVE STREET	5 USUAL P	JNCED DEAD	12 e deceased liv	6 red. If Institution:	1970	5:05 belore odmis	I M.
4	Unio	on Memo	rial H	lospit	tal		A. STATE	aryland		B. COUNTY	16.	52	
6. SEX	<	7. RACE		8. MARR	iED 🗌	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?		
ma1	le	white	2	WIDOW	VED 🗆	DIVORCED 🗍		Baltimore		YES	X	NO 🗆	
	y 24.		10. AGE (in last birthdo	years		ler 1 Yr. If Under 24 Hrs. s Days Hours Min.		Claybury	Rd.				
		tate or foreig	n country)		12. Cl	TIZEN OF	13. FATHER						
r.Vi o	rylar	d				HAT COUNTRY?	D		1				
IAA.USI	IAL OCCUI	ATION (Give	kind of work	48. KIND		S A USINESS OR INDUSTRY	15. MOTHE	I A R BE	ME ME				
done dur	Ing most of w	orking life, ev	en if retired)				7.11	TO 117 4					
16 WA	Stuc	D EVER IN	I.S. ARMED	FORCES	2 1	I7. SOCIAL	18. INFORM	V D Nice	2	AD	DRESS		
(Yes, no	or unknown)	(If yes, give w	ar or dotes	of service		SECURITY NO.							
NO	- 63	200	7			None CAUSE OF DEA		Mary Ko	perher	9	ame	PPROXIMATE IN	TERVAL
2	= 76	(00)	1			CAUSE OF DEA	ın					VEEN ONSET A	
		OR COND		CTLY			0		1 . 6 1 .	. 1			
0		EADING TO t meon the		lng. e.g.		(A) IMMEDIATE C	S A CONSEC	shot woun	d or ne	ead			
h h	reari failure,	osthenio, etc.	. It meons the	disease,		DUE 10, OK 2	S A CONSEQ	UENCE OF:					
	nior y or com	pilounon wine	600264 400	,,,,									
		ITECEDENT				(B)							
I C	DISEASES C	ABOVE CAL	ONS, IF ANY	GIVING		DUE TO, OR	AS A CONSE	QUENCE OF:					
	JNDERLYIN	G CONDITI	ON LAST.			(c)							
[일-			li .										
	O THE DEA	IFICANT CONTINUE ON THE BUT NOT CONDITION	RELATED TO	THE TERM	INAL								
20A						VHICH OPERATION W	S PERFORM	ED			21. AUTC	PSY? (Yes o	r No)
0											ye	es	
Z 22A.	EXTERI	NAL CAUSE	WAS		228. PL	ACE OF INJURY(e.g.,	In or about 2	2C. WHERE DID	(If In Baltimor	re City, give exac	~		
2	DERLYING	GOR CON	TRIB-		home,	ACE OF INJURY (e.g., form, factory, street, office home	e bldg., etc.)	MINK OCCURS	outh Ro	1.	2	120	
	TIME (Month) (D	TH.			E.INJURY OCCURRED		2F. HOW DID IN			0 /		
OF	INJURY			•			Name of the last o	Subj. acc					
23.	PROX.) 1	2-0-70	1:01	. р.	m. WC	ORK L AT W	ORK	subj. acc	Iuenta.	LIY SHOE.	•		
25.	1 certi	ify that I h	eld an I	nguiry [7	Inspection Au	topsy 3	and that on	his basis.	death in my a	ninion		
		ed from: N		-		cident Suicid		micide 🔲			,		
	result	ed from: N	OTUTOL COL	y	Ac	cident (X) Soicid		CHIEF MEDICAL		ned monner L	,		
	ACTUAL	4	1	2	1	16						DATE SIGN	VED
	SIGNATU	JRE	1	One	110	1615 3 - M.D	. ASSI	STANT MEDICAL	EXAMINER				
	EXAMINI	ER'S	idore N	fihal:	akie	s, M.D.	ASSC	CIATE MEDICAL	EXAMINER		12.	-7-70	
24A. BI	NAME (T	AATION. 12	48. DATE	17.1707		NAME of CEMETERY	or CREMATO	RY 240	LOCATION	(City, town,			(a)
REMO	VAL (Specifi Urial	y)		1770									e1
1			12/00			Moreland M				imore,	Mary	land	
	A	BY HEALTH	DEPT.	25B. N	AME C	OF REGISTRAR		UNERAL DIRECT		AD	DRESS		
D	EC9	13/1	Robert.	2 Fa	Be	Ka O	Le	macd J	Ruck	Inc. Ba	ltim	ore,	Md
VS 151-	REV. 1/1/68	A	100	11									



1-350	/ 50	4400	BALTIMORE CITY	HEALTH DEPARTMENT		
RTH NO.	6 .70	1192	CERTIFICA	TE OF DEATH	Registered Na.	70 11920
NAME OF DE	CEASED				ND HOUR OF DEATH	
Type or Print)		LAT	IMER	12	/	17:36 P
PLACE OF DE	MOGENE S		IMICK	HA TISHAL PESIDENCE (Who	70	nstitution: residence before admission
FULL NAME	OF (If not in hospital	at institution,	give street	BALTO B. COU	Md.	RURAL and give township)
INSTITUTION	nd General	Honoi	60	2500 Moon	e Due. F	Saft. Md. 2123.
of Boyle	ne Tour	- Clarke		2500 Moore	rurol, give location) Ave	
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hr Months: Doys Hours: Min.
	1	. A	D, DIVORCED (specify)	6-26-22	last birthdoy)	Months Doys Hours Min.
A HISHAL OCC	CUPATION (Give kind of wor		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF
	f working life, even if retired)	TIOD, KIND O	DOSINESS OR INDUSTRI		ergir coonny)	WHAT COUNTRY?
TEA	CHER			IOWA		USA
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	
-						
Lesl	ie A Schukr	necht	1 6. SOCIAL	Gladys M M	olumby	ADDRESS
Yes, no or unknaw	(If yes, give war or date	es of service)	SECURITY NO.			ADDRESS
Yes	WW 11		485-22-8050	Hu Wir Walte	r Latimer	Samare
18.		101	CAUSEO		O A	INTERVAL BETWEEN
UNDERLYIN O THER SIGN TO THE I DISEASE OF	OR CONDITIONS, if he abave couse (A) HG CONDITION last. II NIFICANT CONDITIONS (DEATH BUT NOT REL. CONDITION CAUSING OF OPERATION 198. COMMAS PER	ony, giving stoting the CONTRIBUTINATED TO THE TOTON FOR	G areal	er cell Car a	208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE O	AA W 2 LEN			749		jes .
OR CONTRIE	ENT WAS UNDERLYING DESCRIPTION CAUSE OF fy medical examiner	218 hor etc	ne, farm, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltima	ye City, give exoct locotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		ile At Not While At Work	21F. HOW DID IN	JURY OCCUR?	
22. I certif	y that (1) (this haspita	1) attended	the deceased from []	- 20 - 70	19 7v ta	19 +0
that (1) (we) last saw the deceas	ed olive an.	6 December	19 70 and t	hat in (my) (our) ap	inian deoth accurred on the d
and haur or	nd from the causes sta	ited abave.(1) (We) (did) (did nat)	view the bady after death		
23A. SIGNAT	URE	A	1111			23 B. DATE SIGNED
	Daney &	19/	M.D. Att	ending Med. Sirector	Staff Phys.	12/6/20
23C. PHYSICI NAME	IAN'S (Type)	TIMA		23D. ADDRESS Md. GEN HOSP	827 finder	- Ane
4A. BURIAL CR	REMATION, 24B. DATE	24C.N	AME of CEMETERY of CR	EMATORY 24D.	LOCATION	City, tawn, or caunty) (Stote)
REMOVAL	(Specify)					
Buria	12/9/	70 Moi	reland Memor	rial Park B	altimore,	Maryland
DEC 9	970 Jacobs E	YOUSER,	REGISTRAR O	Leonard J	Ruck Inc.	Baltimore, Md
C 150 BEN/ 1/1	/45					



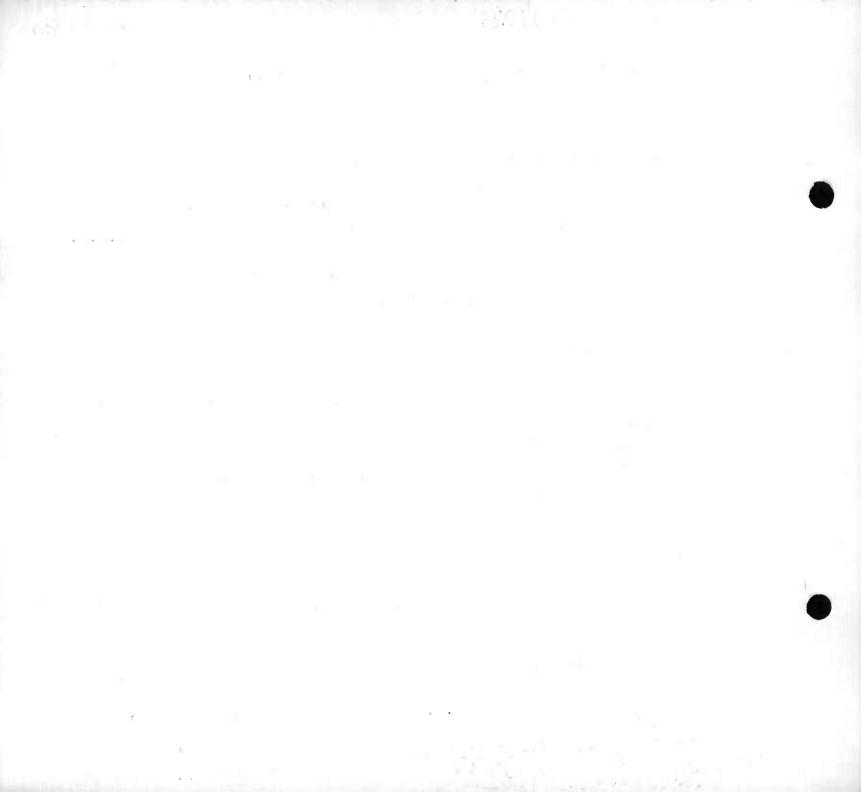
0 ==	36 70 1:	1024	BALTIMORE CITY	HEALTH DEPARTMENT		70 11921
BIRTH NO.		LUGI	CERTIFICA	TE OF DEATH	REG. NO.	· · · · · · · · · · · · · · · · · · ·
I.NAME OF DEC (Type or Print)	Jean Snyde:	r		2. DATE	12/7/70	I 12.15 n.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (W	here deceased lived.	finstitution residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	Md.		2506
M43111011014				Balto.,	D. 11	NSIDE CITY LIMITS? YES NO 1
371	Mercy Hospital	, Inc.		E. STREET AND NUMBER		HES NO K
5. SEX	6. RACE	-		512 Chesapea		
P SEX	o. RACE	* MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Doys Hours Min.
F	M	WID OWED [9/30/40	30	
IOA. USUAL OCC	UPATION (Give kind of work working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slole or f	oreign country)	12. CITIZEN OF WHAT COUNTR
	usewife			Baltimore,	Maryland	U.S.A.
3. FATHER'S NA	ME	i		14. MOTHER'S MAIDEN N	IAME	
Jose	eph Ziolkowsk	.		Lillian		
5. Wos Deceased	Ever in U. S. Armed Ford Officer of dote	ces?	6. SOCIAL	17. INFORMANT	TIGITIALL	ADDRESS
No	ur yes, give wor or dole	s of service/	SECURITY NO.			
118. / (2)	1.1.2		218-36-029		R Snyder	Same
1 / 7	SE OR CONDITION DIR	ECTLY	CAUSE OF DEAT	1	D	SAMPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Distra	LEADING TO DEATH	ECILI	-	Motan	t + 1 / 12	AP Luga
(This does n	nal meon the mode at	dying, e.g.,	(A) IMMEDIATE CAU	SE // // // A CONSEQUENCE OF:	alle	numpun
heort foilure,	asthenia, etc. il means	the disease.	DUE 10, OK AS	A CONSEQUENCE OF:		
	aplication which caused	death.)				
4	ANTECEDENT CAUSES		(R)			
	OR CONDITIONS, II		DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
	e above cause (A) G CONDITION last.	slating the	(a)			1
DIVERTINA	o compilion last.		(C)	***************************************		***************************************
TO THE DEAT	II FICANT CONDITIONS COI IH BUT NOT RELATED TO TH	IE TERMINAL				
	OPERATION 19B CON WAS PERF	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B, IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBU	NT WAS UNDERLYING DITING CAUSE OF medical examined	21B. P home, elc.)	LACE OF INJURY le.g., in form, foctory, street, of	or obout 21 C. WHERE DID	(If In Bollin	note City, give exact location)
U .						
21D. TIME	(Month) (Doy) (Year)		NJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
(APPROX.)		While	Not While	'		2
22 1 cartify	that (i) (this hospital)			12/1	19 70 to /	2/7 19 77
1				17 40		
	last saw the decease		. /			pinlan death accurred an the da
		ed abave. (i)	(We) (dld) (dld nat) v	iew the bady after death	1.	
23A. SIGNATU	DRE DE O		Atter	nding Med.	Shaff	23B, DATE SIGNED
23C. PHYSICIA	NS DUT	Cum	Clevarger Phys	Director L	Skaff Phys.	17/17
NAME	Tpel 12	K-	1. 1.	,	11	1 0
AA. RIIRIAI COE	MATION 1248 KATE	122	N BEGREE	1	Muly	Co-spital
4A. BURIAL CRE	Specify) 248, DATE	24C. NA	ME of CEMETERY of CRE	MAIORY 24D/	LOCATION	City, town, or county) (State)
Burial	12/10/	70 M	oreland Mem	orial Rark	.Do 1 +	74. 7
SA, DATE REC'D	BY HEALTH DEPT.	25B NAME OF	REGISTRAR	250 JUNERAL DIRECTO	maltimore	, Mary Abbiess
DEC 9	1000 Q.Q. 00	3.0	Ar D	Cucks	Tiponomi	I Decel 7
'S 150-REV. 1/1/	68				Leonard	J Kuck Inc.



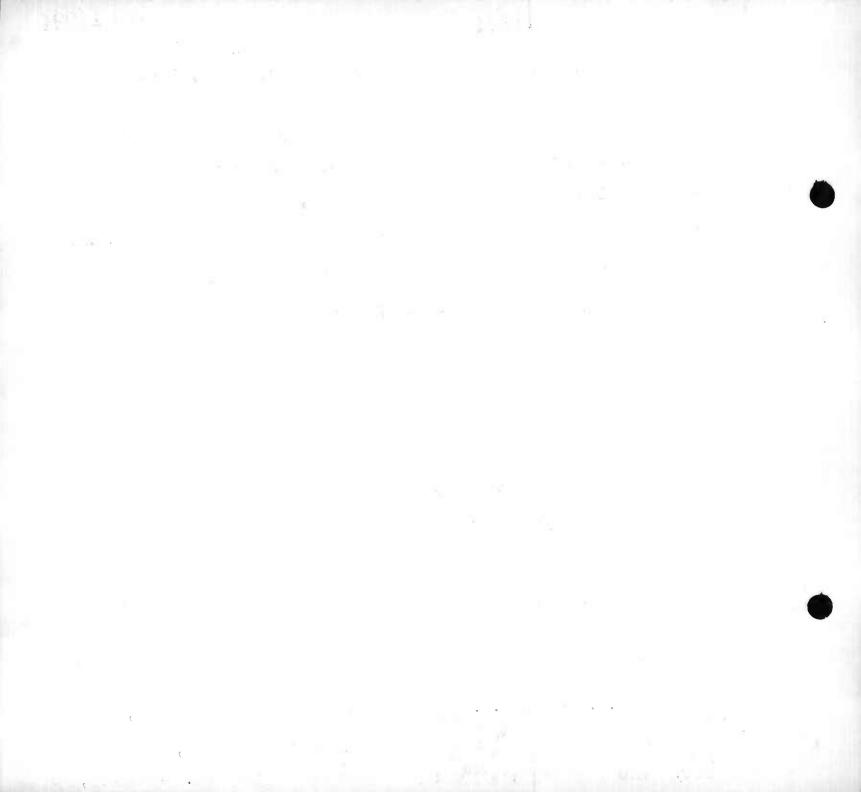
S-200 70 1192	כיג	TE OF DEATH	REG. NO	70 11932
1. NAME OF DECEASED (Type or Print)	valter E.		HOUR OF DEATH	221
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	ONOUNCED DEAD	4. USUAL RESIDENCE (Where d	econsed lived Il incl	titution: residence before admission
FULL NAME OF HOSPITAL OR HASPITAL OR HASPITAL OR HADDRESS OR LOCATION	NSTITUTION, GIVE STREET	A. STATE 8. COUNTY Maryland C. CITY OR TOWN Baltoner E. STREET AND NUMBER	D. INSID	E CITY LIMITS?
		5302 TO	dá Ave	nue
Male white WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	0 6-14-16 1051	511	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL DCCUPATION (Give kind of work 10B, KINdone during most of working life, even il retired) Me Chan C	D OF BUSINESS OR INDUSTRY	Dann sel	country)	12. CITIZEN OF WHAT COUNTRY
J. FATHER'S NAME. J. ill liss Soif	29	14. MOTHER'S MAIDEN NAME Anna Yu	rish	
5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of sen		17. INFORMANT		ADDRESS
18, 11 20 0 1	166-12-1212 CAUSE OF DEAT	Mrs Helen A S	oika	Same
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the distingury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the above cause (A) stating UNDERLYING CONDITION last.	iving the	A CONSEQUENCE OF:	v kord	BETWEEN ONSET AND DEATH
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)	(C)		7	***************************************
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION 1 WAS PERFORMED		20A. AUTOPSY? IYes or No. 20	DR IF YES WERE FIN	NDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF DEATH (notify medical exemines)	21 B. PLACE OF INJURY le.g., in home, form, foctory, street, of etc.)	or about 21C. WHERE DID ice bldg., INJURY OCCUR?	(If In Ballimore (City, give exact lacation)
21D. TIME (Month) (Doy) (Year) (Hourl GF INJURY IAPPROX.)	21E INJURY OCCURRED While At Not While Work At Work	215. HOW DID INJURY	OCCUR?	
22. I certify that (!) (this hospital) attend that (!) (we) lost saw the deceased alive	an 12/6	ond that it	7.) to /2 n(my) (our) apinio	an death accurred an the date
and haur and from the causes stoted abov	e. (1) (We) (did) (did nat) vi	ew the bady after death.	W.	
23A. SIGNATURE	9 have	ading Med. Stoff	25	3B. DATE SIGNED
	CHEIKH	3D. ADDRESS	Memor	cal Hosp.
4A. BURIAL CREMATION, 248. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY of CRE	MATORY 24D. LOCA	TION (City,	town, or county) (State)
Burial 12/10/70	Holy Redeemer	D-74		
SA. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25G FUNERAL DIRECTOR	timore, M	ADDRESS
S 150-REV. 1/1/68	and a made	Leonard J Ruc	ek Inc. B	altimore, Md

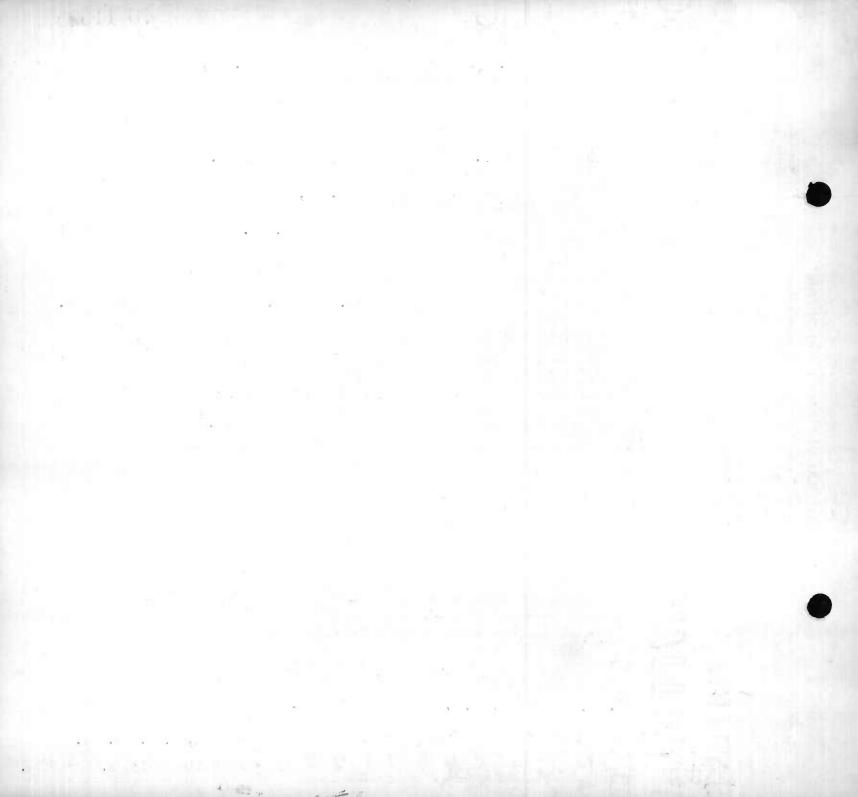
SECTION OF

14	1-412	70 119	3.3	TE OF DEATH	REG. NO	70 11923
1.1	NAME OF DECEASED	D	OEK TITIO		D HOUR OF DEATH	
Cy	Pe or Print) Agnes	P Phillips		Da- 7	1070	12130 A
3.	PLACE IN BALTIMORE, MA	RYLAND, WHERE PR	DNOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. Il insti	tution: residence before admission)
H	ILL NAME OF (IF NO SPITAL OR ADDRE	T IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	Maryland c. CITY OR TOWN		CITY (IMITS?
1	31101101					ES NO
1) 0 3806 Ceda	rhurst Rd		Baltimore E. STREET AND NUMBER 3806 Cedarhui		
5.	SEX 6. RACE	7- MARI	NEVER MARRIED	8. DATE OF BIRTH	1000	If Under 1 Yr., If Under 24 Hrs.
	Female Whit			Aug 2,1895	ost birthdoyl	Nonths Doys Hours Min.
10/	LUSUAL OCCUPATION (Give during most of working life, e	e kind of work 108. KIN	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE IStole or loreig	gn country)	12. CITIZEN OF WHAT COUNTRY
R	etired Seams	tress		Lithunian		II S A
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAM	AE	U.S.A.
	John Zelin	ekae		The Knots	on also a	
15.	Wos Deceased Ever in U. S s, no or unknown) (If yes, give	Armed Forces?	1 6- SOCIAL	Frances Krak	auskas	ADDRESS
,,,	NO	wor or doles of servi	215-12-9761	Mr John Phill	line	Same
	18. 25091	may 19 =3	CAUSE OF DEAT		тра	APPROXIMATE INTERVAL
		DITION DIRECTLY	å	1	1 //*	BETWEEN ONSET AND DEATH
	LEADING 1		(A)IMMEDIATE CAL		dears falou	4 2 weeks.
	This does not meon the heort failure, asthenio, et	c. Il means the dise	e.g., DUE TO, OR AS	A CONSEQUÊNCE OF:		**************************************
	injury or complication wi	,		1		1
	ANTECEDEN		(B)	Juntary	mema	6 minich
	DISEASES OR CONDIT	IONS, if any, givenus (A) stoling	ring DUE TO, OR AS	A CONSEQUENCE OF:		175
	UNDERLYING CONDITION	N last.	(c)	Notes of	nellolos	iglars
z	- 11				1 1	
5	OTHER SIGNIFICANT CONE TO THE DEATH BUT NOT R	ELATED TO THE TERMIN	NG IAL	Caranoma of	luca	1/gear
5	DISEASE OR CONDITION G	198. CONDITION F	OR WHICH OPERATION	[20A. AUTOPSY? IYes of No.]	208, IF YES, WERE FIN	DINGS CONSIDERED
CERTIFICATION	0	WAS PERFORMED			IN CERTIFYING CAUSI	S OF DEATH?
CAL CI	21A. ACCIDENT WAS UNI OR CONTRIBUTINO CA DEATH (notify medical exor	DERLYING DUSE OF	21& PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(if In Boltimore C	lity, give exact location)
0	21D-TIME (Month) (D	oy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
	OF INJURY (APPROX)		While At Not While Work At Work	· 🗆		
	22. I certify that (1) (thi	s hospital) attende	d the deceased fram	man 19	9 70 ta	Nec. 1970
	that (i) (we) tast saw th	e deceased alive	on		t in (my) (out) opinio	n death accurred on the date
	and have and from the c	auses stated abave	e. (1) (We) (did) (did nat) v			
	23A. SIGNATURE	2001	, .		1	B. DATE SIGNED
		Glown	DEGREE Phys	nding Med. S	Staff Phys.	12/7/21
	23C-PHYSICIAN'S NAME (Type)			23D. ADDRESS		
244	BURIAL CREMATION, 24 REMOVAL (Specify)	Lott S Har	TIS M.D. DEGREE	8100 Harford	Rd Baltimo	re Maryland (State)
	Burial	10/10/20	Holy Redeemer			
254	DATE REC'D BY HEALTH	DEPT. 258. NAA		25C FUNERAL DIRECTOR	ltimore, M.	aryland
Ų	EU9 BAR Q	Bell E. Fails	4. 8.2.	Leonard J R	uck Inc. B	altimore Md
2.40	350 9514 37377.6					



BII	(-623 /1) 11024	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO	70 11924
1.1	NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
	William John Edward Krastel	Sr December 7 1970	1
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased his de Il institution A. STATE & COUNTY	int residence before admission)
FL Hi	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN D. INSIDE CT	2747
		0. 1113102 011	_
		Baltimore YES E. STREET AND NUMBER	A 140
	OO 2815 Louise Ave	2815 Louise Ave	
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED		ladas 1 V. IK III. J. 24 III.
I		lost birthdoy) Mon	Inder 1 Yi. If Under 24 Hrs. ths Days Hours Min.
	LUSUAL OCCUPATION (Give kind of work 10 R. KIND OF BUSINESS OR INDUSTR	June 23, 1899 71	
dor	e during most of working life, even if refired)		CITIZEN OF WHAT COUNTRY?
	etired American Smeltin	Maryland	U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	Peter Krastel	7.0	
15.	Was Deceased Ever in U. S. Armed Forces? \$, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	Margaret Houchnick	ADDRESS
(Ye	W Three		ADDRESS
_	Yes WW 1 212-10-21'	7 Donald W Krastel S	amo
	DISEASE OR CONDITION DIRECTLY	il en en en en en en en en en en en en en	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	USE Coronery Thromboses	1956
	tinis does not meen the mode at dying, e.g., heart foilure, asthenia, etc. Il means the disease, injury ar complication which caused death.)	A CONSEQUENCÉ OF:	***************************************
	ANTECEDENT CAUSES BATTAL	19.7	
	DISEASES OR CONDITIONS, it any, giving (B) DUE TO, OR AS	ocleratio Leart disease	
	rise to the abave cause (A) stoling the		
	UNDERLYING CONDITION last (C)		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
A	DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDIN IN CERTIFYING CAUSES C	GS CONSIDERED OF DEATH?
CAL C	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY le.g., home, lorm, foctory, street, of DEATH (notify medical examines)	in or about 21 C. WHERE DID (If In Baltimare City, office bldg., INJURY OCCUR?	give exact location)
EDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
S	While At M Not Whi	10 [
	Work At Work		
	22. I certify that (1) (this heaptful) attended the deceased from	000 19 3 ta De	
	that (i) (we) last saw the deceased alive an December 7	19.75 and that in(my) (our) apinion d	eath accurred an the date
	and haur and from the causes stated above. (i) (#e) (did) (did not)	view the bady after death.	
	23A. SIGNATURE		ATE SIGNED
		ending Med. Stoff Director Phys.	12/8/70
	DEGREE	23D. ADDRESS	1-11-
		7.0	
24/	E.J. Alessi M.D. DEGREE REMOVAL ISpecily) E.J. Alessi M.D. DEGREE 24C. NAME of CEMETERY OF CR		Maryland (Stote)
	Burial 12/10/70 Moreland Mem	orial Park Baltimore, Mar	
25 A	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	Orial Park! Baltimore, Mar	ADDRESS
1	EC 9 1970 Robert E. Farber M.D.	4 4	e 75. 1 %
VS	150-REV, 1/1/68	Leonard J Ruck Inc. Balt	imore, Md

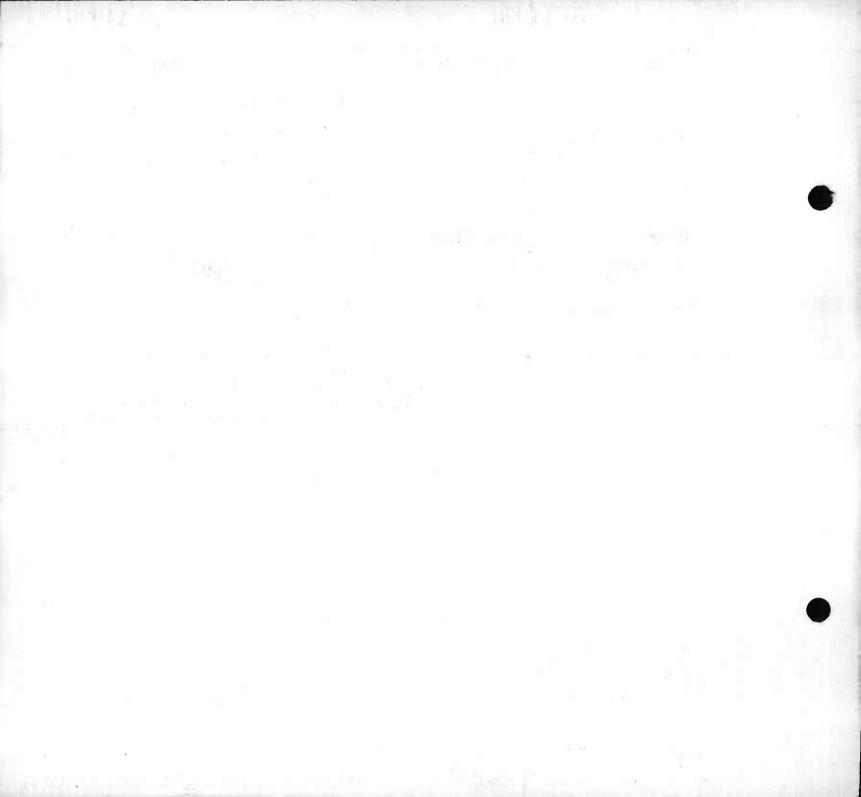




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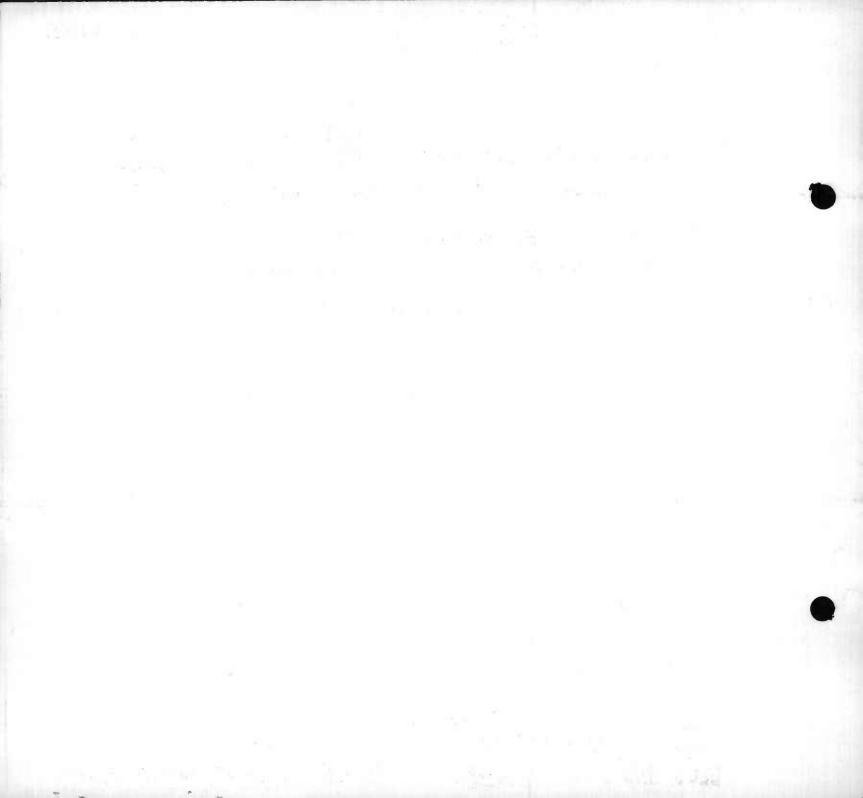
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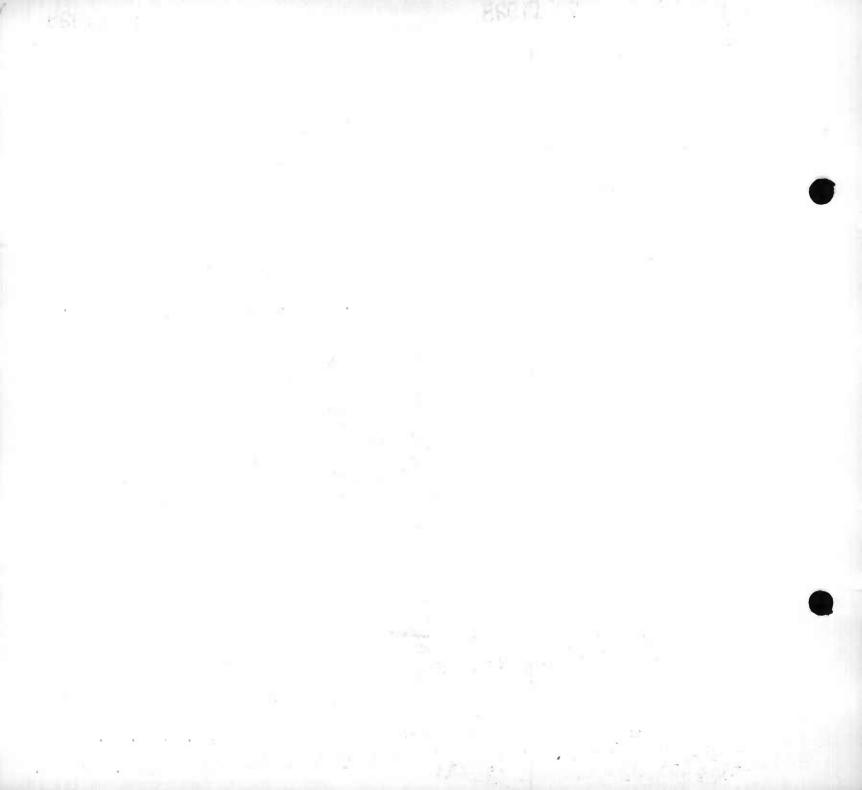
CERTIFICA	TE OF DEATH REG. NO. 70 11936
E OF DECEASED Print) GEORGE H. ROEDER	2. DATE AND HOUR OF DEATH DOC: 2, 1970 9:30 A.
IAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ALOR ADDRESS OR LOCATION) HDRCH HOME AND HOSPITAL	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY D. INSIDE CITY LIMITS? PATTIMOPE YES V NO E. STREET AND NUMBER RG OS OWANA G. G. G. G. G. G. G. G. G. G. G. G. G. G
6. RACE WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
JAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY ing most of working life, even if refired) Stifel Bakery BER'S NAME	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? BOLLING WAY 14. MOTHER'S MAIDEN NAME
Deceased Ever in U. S. Armed Forces? Deceased Ever in U. S. Armed Forces? Deceased Ever in U. S. Armed Forces? SECURITY NO.	17. INFORMANY ADDRESS
SECURITY NO. 2/2-10-660	Estic Rooder 8302 mours are.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
ry or camplicolian which caused death.)	CONSEQUÊNCE OF:
ANTECEDENT CAUSES EASES OR CONDITIONS, if any, giving la the above cause (A) stating the DERLYING CONDITION last. (B) DUE TO, OR AS (C)	A CONSEQUENCE OF: ACCURACY WOULD
ER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMINAL ASE OR CONDITION GIVEN IN PART 1 (A).	Levatio Condinos-culos Quesos
DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi	or obout 21 C. WHERE DID (If In Boltimore City, give exoct location)
TIME (Month) (Doy) (Yeor) (Haus) 21 E. INJURY OCCURRED NJURY (Month) (Doy) (Yeor) (Haus) 21 E. INJURY OCCURRED (While At Month At Work At Work	21F. HOW DID INJURY OCCUR?
(I) (we) last sow the deceased olive an	19 TO and that in (my) (aur) apinion deoth accurred on the date
haur and fram the causes stated above. (1) (We) (did) (did nat) vi-	ew the bady after death. 238. DATE SIGNED
DEGREE DECKE	100 2. Browny, Balto, MD, (31)
AL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREATION OF CREAT	Parkville Balto Md.
0 9 1970 Robert & Farber 188.	Lassahn Funeral Home 7/101 Belair Rd. 21236



DIRECTOR:

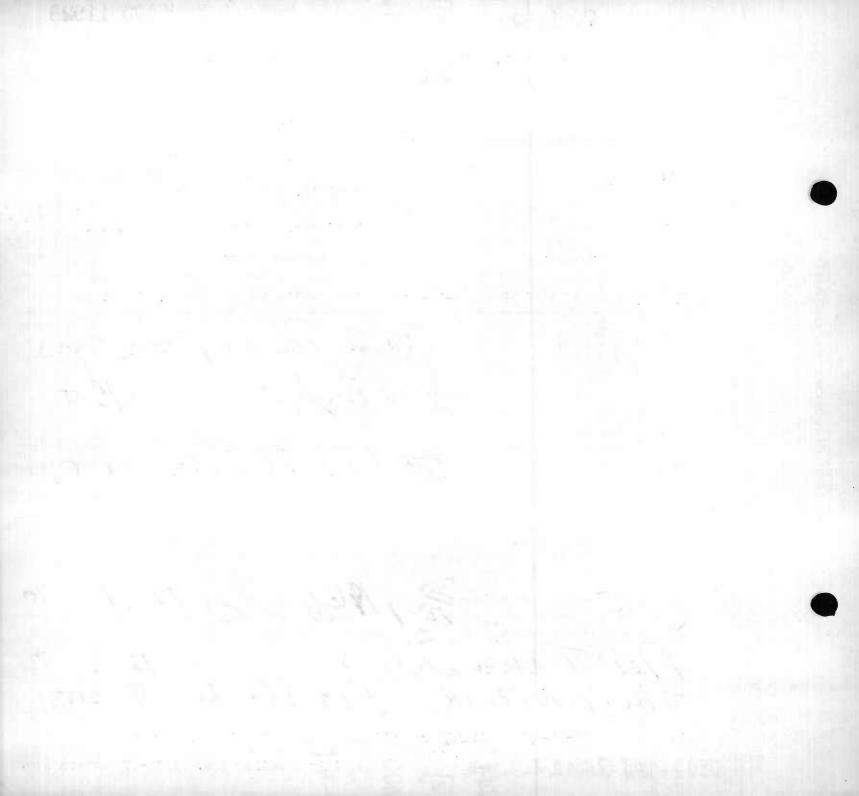
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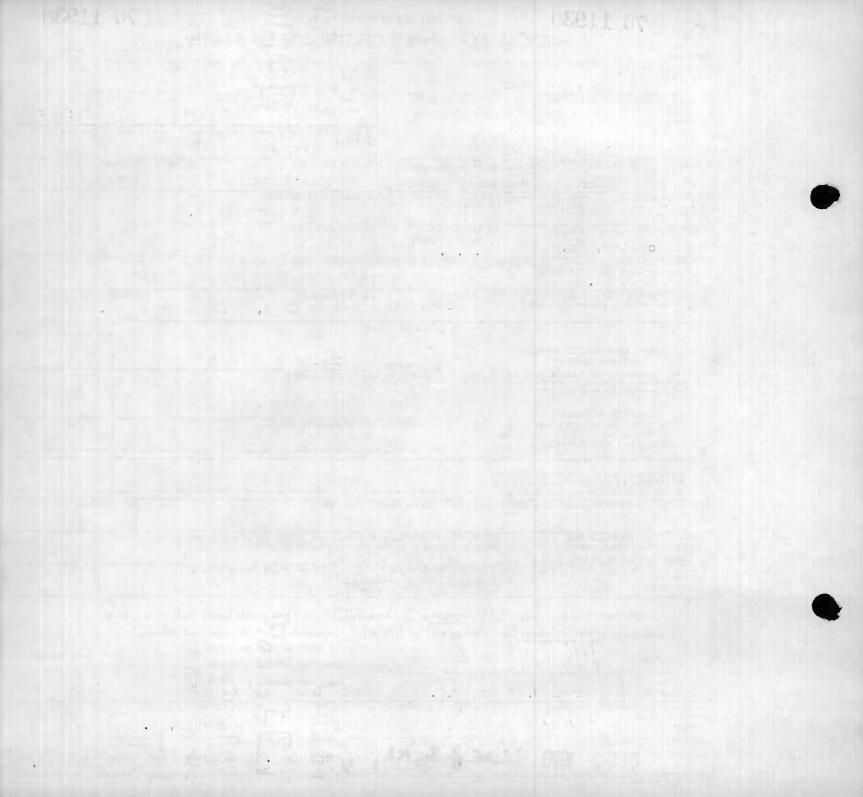


FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

F-500 70 11929		TE OF DEATH REG. NO	70 11929
BIRTH NO. 1. NAME OF DECEASED (Type or Print) JAMES P	• FINN	December 7, 1970	
FULL NAME OF HOSPITAL OR INSTITUTION 1612 Eastern Avenue	STITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceased lived. If B. COUNTY Maryland C. CITY OR TOWN Baltimore E. STREET AND NUMBER 1612 Eastern Avenue	ISIDE CITY LIMITS? YES NO
5. SEX 6. RACE 7. MARRI Male White WIDOW	ED NEVER MARRIED	B. DATE OF BIRTH March 18, 1908 9. AGE (In years last birthday) 62	tf Under 1 Yr. tf Under 24 Hr Months Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even if relired) Retired	OF BUSINESS OR INDUSTRY		U.S.A.
13. FATHER'S NAME Simon Finn		14. MOTHER'S MAIDEN NAME Margaret Curtin	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) of yes, give wor at doles of service WW II 2/18/42 12/15/45	16. SOCIAL SECURITY NO. 213-14-0003	17. INFORMANT Mrs Ceclia Lopez 604	ADDRESS S. Chapel Street
(This does not mean the made af dying, a heart failure, asthenia, etc. It means the diser injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, givenise to the above cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A).	ing the (c)	A CONSEQUENCE OF: A CONSEQUENCE OF: OSC Pulsumale	10 ±
19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED			E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.) 21E. INJURY OCCURRED While At At Wark	21F. HOW DID INJURY OCCUR?	ore City, give exact location)
REMOVAL (Specify)	and the deceased from	miding Med. Stoff Phys. 22D, Apdress Christian	pinion deoth occurred on the do
Burial 12-11-1970 25A. DATE REC'D BY HEALTH DEPT. 25B. NAM DEC 9: 170 Poble E. Pallar VS 150-REV. 1/1/68	Baltimore Nati	25C. FUNERAL DIRECTOR	aryland ADDRESS 901-07 Eastern Ave

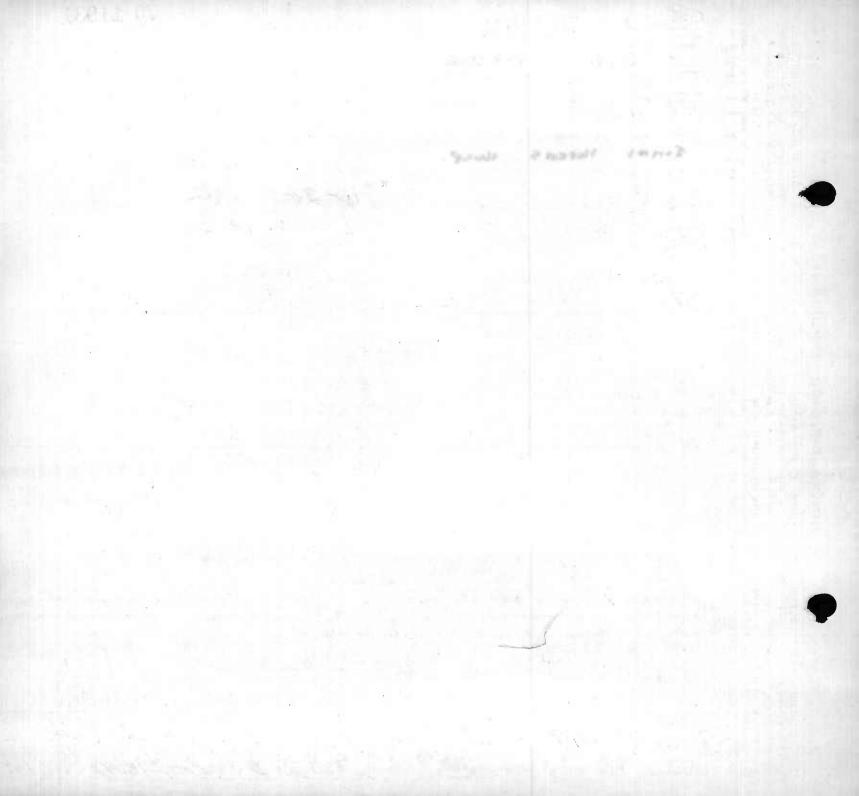


70 11930 BALTIMORE CITY HE				70 1	1930
MEDICAL EXAMINER'S (CERTIFICATE	OF DEA	TH REG. NO.		
I. NAME OF DECEASED	2. DATE Known	Month	Day	Year	Hour
(Type or Print) Wesley Ward	OF S.				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE	Month	- Doy	Yeor	Hour
	PRONOUNCED DE		8	70	4:00 a
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION					
OK INSTITUTION	S. USUAL RESIDENCE		B. COUNTY	n: residence l	sefore admission)
Sinai Hospital	Mary!	land		1	178
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN		D. INSIDE C	ITY LIMITS?	
male colored WIDOWED DIVORCED	Baltin	more	V	ES X	NO
	E. STREET AND NUM	ABER			
7/7 = /7 020 lost birthday) Months Days Hours Min.	3512	Oakmont A	WA.		
		Uakilont A	ve.		
11. BIRTHPLACE(State or fareign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	Burrell			
Gloucester, va. U.S.A.					
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR lone during most of working lile, even if retired)	15. MOTHER'S MAID	EN NAME			
Fork Lift Op.	Ida Ward				
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANT		A	DDRESS	
Yes, no or unknown) (If yes, give wor or dotes of service) 2245ECUSITY NO 2	Dorathy Co	ok. 3512	Oakmont	Ave.	
		7,77			PROXIMATE INTERV
19. CAUSE OF DEA	ın				VEEN ONSET AND DE
DISEASE OR CONDITION DIRECTLY					
LEADING TO DEATH	AUSE Carcinom	a of lung			
(This does not mean the made of dying, e.g., heart foilure, asthenio, etc. It means the disease,	AS A CONSEQUENCE OF	1			
injury or complication which coused death.)					
ANTECEDENT CAUSES (B)	AC A CONCEOUTNES C				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE C)F:			
UNDERLYING CONDITION LAST. (C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AC DERCORMED			IN AUTO	PSY? (Yes or No)
DI POR WHICH OPERATION TO	AS PERFORMED				1211 (1000) 110
				no	
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. home, farm, foctory, street, oiling CAUSE OF DEATH.	in or obout 22C. WHER	E DID (If In Boltin	nore City, give ex	act location)	
UNDERLYING OR CONTRIB. home, form, foctory, street, office uting Cause of Death.	e bidg., elc.) it dokt ot	-cori			
	22F. HOW	DID INJURY OC	CUR?		
OF INJURY WHILE AT THE NOT	WHILE -				
	VORK				
23.			1		
1 certify that I held an Inquiry Inspection X Au		at an this basi			
resulted fram: Natural causes X Accident X Suici	le Hamicide	Undeten	mined manner		
1000 1000 1000	CHIEF ME	DICAL EXAMINE	R 🔲		DATE SIGNIED
ACTUAL (1) XXX	ASSISTANT ME	DICAL EXAMINE	R 🔲		DATE SIGNED
SIGNATURE M.I.		DICAL EVALUATE			
EXAMINER'S NAME (Type) Werner U. Spitz, M.D.	Deputy Chief	Medical	examiner	12	2/8/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY		24D. LOCATIO		n, or county) (Stote)
REMOVAL (Specify)					(0.0.0)
Burial 12/13/70 Zion Hill Ba	ptist	Grouce	ster, Va.	11/1	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL			DDRESS	
DEC 9 1970 Belle Harber 42.	Kenneth	H. Law 4	609 Park	Heigh	nts Ave
A WAY A MAIN A M	1 1/ /	4.4			TAG .

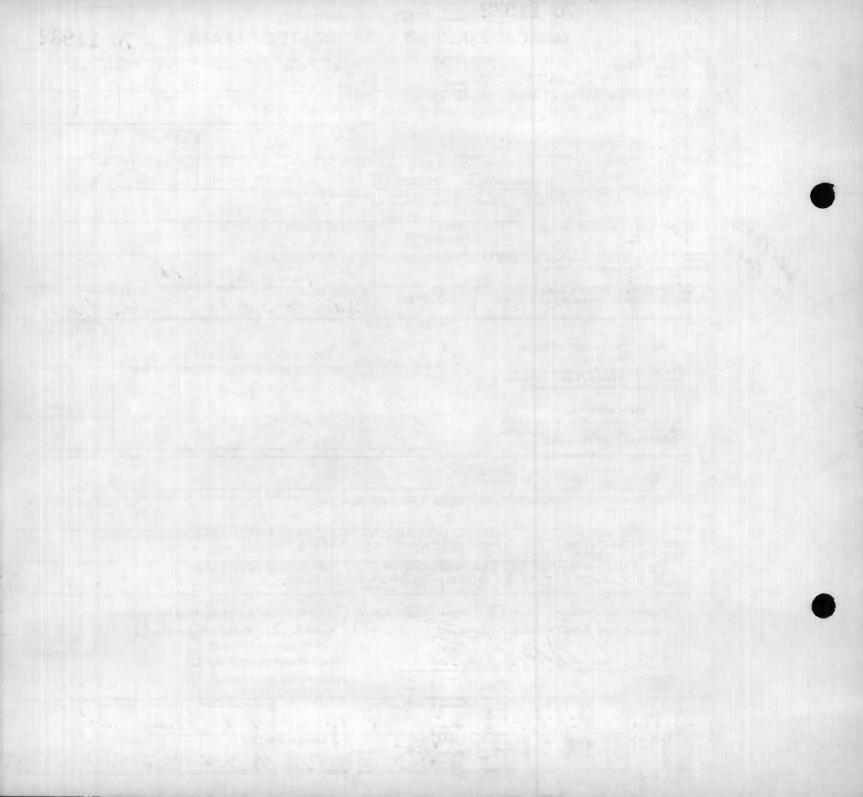


VS 150-REV. 1/1/68

	TY HEALTH DEPARTMENT	70 11931
BIRTH INC.	ATE OF DEATH	
1. NAME OF DECEASED (Type or Print) G1885 MABIE	2. DATE AND HOUR OF DEAT	15:45 A. M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If A. STATE 8. COUNTY	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND	1002
INSTITUTION		ISIDE CITY LÍMITS?
33	E. STREET AND NUMBER	YES NO NO
TOTINS HOPKINS HOSP.	904 N. CENTRAL AVE	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED		If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
WIDOWED DIVORCED C	11-26-07 1-2	7.0.00
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRIGUED AND ADDRESS OR INDUSTRIANCE OF BUSINESS OR INDUSTRIANCE OF BUSI	RY 11. BIRTHPLACE IS De n foreign country)	12. CITIZEN OF WHAT COUNTRY
MINSES A. A. A. HOSP	BALLO. Md.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
TOUR CIPEC	ROSETTA TYLER	
S. Was Deceased Ever in U. S. Armed Forces? Yes, no gryfnkgown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
220-03-9831	Para Ankani	
18. CAUSE OF DEA		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	1 the	BETWEEN ONSET AND DEATH
LEADING TO DEATH (A) IMMEDIATE C.	AUSE Cerebro-rascular acc	relent 12 days
hearl failure, astheria, etc. II means the disease,	S A CONSEQUENCE OF:	
injury or complication which coused death.)	0 1: 1	
DISFASES OR CONDITIONS if gay giving DUE TO, OR A	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	1 A	
UNDERLYING CONDITION last. (C)	helps meller	
Z CTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1	
O THE DEATH BUT NOT RELATED TO THE TERMINAL	Anemice, pelnonaux ecle	Mil
DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	The IN CERTIFYING C	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., OR CONTRIBUTING CAUSE OF	office bldg., INJURY OCCUR?	ore City, give exact location)
DEATH (notify medical examiner) etc.)		
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	-11/2/11/19
(APPROX.) While At Not WI	hile nk	
22. I certify that ((this haspital) attended the deceased fram	11/23 1970 to	12/5 1970
	7	pinian death accurred an the date
and haur-and fram the causes stated above. (() (We) (did) (did)		
23A. SIGNATURE MA		23B. DATE SIGNED
TI AMAN TO THE TOTAL TO BE	ttending Med. Stoff Phys.	12/5/70
23 C. PHYSICIAN'S	23D. ADDRESS	
NAME (Type) James (Bobow) MD	The Johns Hanking	Etdospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C		City, town, or county) (510te)
Francis 12/9/70 mt. (al	ram 0.9.118	unity, mel
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	1 256 FUNERAL DIRECTOR	ADDRESS
DEC 9 1970 Page E. Carlon Ma	ment & docks	1-1305(h () Onleall



1	70 11932 BALTIMORE CITY HEALTH DEPARTMENT	_
	BIRTH NO. 68 1998 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	70 11932
	1. NAME OF DECEASED ((Type or Print)) TRACY WRIGHT 2. DATE Known Month Doy OF DEATH Estimated	Year Hnur
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) 1. DATE Month Doy PRONOUNCED DEAD 12 6	Yeor Hour 1970 8 a
35	Church Home & Hospital (DOA) 5. USUAL RESIDENCE (Where deceased lived. # Institution A. STATE Maryland B. COUNTY	on: residence before admission)
99	The state of the s	YES MO
	9. DATE OF BIRTH 10. AGE (In yeors lost birthday) 10. AGE (In yeor	YES AO
,946	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME	
4. 10.04	14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even Il retired)	
19	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service) 17. SOCIAL SECURITY NO. Share Homme 12.19	ADDRESS ALAN OF
	19. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	This does not mean the mode of dying, e.g., heart follure, ashenic, etc. it means the disease,	
	Injury or complication which coused deoth.)	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH SUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
		no
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exhome, form, foctory, street, office bldg., etc.) INJURY OCCUR? 17 UZ LIEWelyn Ave. 22D. TIME (Month) (Day) (Yeor) (Hour) 22E.INJURY OCCURED 22F. HOW DID INJURY OCCUR?	809
	OF INJURY (APPROX.) 12-6-70 7:35 a WHILE AT NOT WHILE AT Subj. trapped in house	fire.
	I certify that I held on Inquiry Inspection Autopsy and that on this basis, death in my resulted from: Natural aguses Accident Suicide Homicide Undetermined monner	
	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF	DATE SIGNED
	SIGNATURE EXAMINER'S NAME (Type) Isidore Mihalakis, M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	12-7-70
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (CHy, tow REMOVAL (Specify) 12/10/70 Mf. Ols Am	n, or county) (State)
		ADDRESS 304/2. Contrala
	VS 151.PFV 1/1/48	10 7 16 3000 001



and

hospital

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occurred

of death

cause

contributing

0

the direct death

Also,

Such

to death.

prior

was in regular attendance on the

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

examiner.

medical

0

to the hospital

must be

the body was released certificate

deceased prior to death); and (6) No physician was in regular attendance on the deceased pr written approval must be obtained before the remains are embalmed or final disposition is made.

was D.O.A. at a hospital (except where the physician who pronounced

No.	3-62	0	70	1193	13	BALTIMORE CIT	Y HEALTH DEPA		REG. N	0	70	11933	3
	NAME OF DECE pe ar Print)		ANTHO	NY J.	SO	ARFS		2. DATE A	ND HOUR OF D	EATH		2	_
3.	PLACE IN BALTI						4. USUAL RESIE	DENCE (Who	ere deceased live	d. If institu	tion: resi	Sel/	M.
FU	ILL NAME OF OSPITAL OR STITUTION					, GIVE STREET	A. STATE YL.	AND	NTY			83	3
IN		OHNS H	HOPKI	NC HO	CDI	EAL	BALTI			. INSIDE (SITY LIM	ms? No □	
	23	011110	101 101	113 110	SFI	IAL	E. STREET AND				<u> </u>	.40 🗀	
-	SEX I			Te			2435 E		DDLE ST				
	MALE	6. RACE NEG	P.O	7- MARRIEI		VER MARRIED	8. DATE OF BIRT		9. AGE (In year	s If	Under I	Yr. If Und	er 24 Hrs. Min.
				WIDOWE		DIVORCED	08-18-1				CITIZE	N OF WHAT	COLLNITAVA
don	CLER	arking life, eve		900	zt	E MEATS	1	ENCE	Rhode .		/	N OF WHA!	COUNTRY
13.	FATHER'S NAM	_	+	2 – ~			14. MOTHER'S	MAIDEN NA	ME				
16	FIN ION		OAA		12.4								
(Ye	Was Deceased E s, no orunknown)	lif yes, give	war or date	ces: s of service)	\$1	DCIAL ECURITY NO.	17. INFORMANT	+ -		_		DDRESS	1100
_	110	- 0			7			INE	JOAR	ES 2	435	1/	defl
		OR COND		RECTLY		CAUSE OF DEAT	M.	real.	1-1	lat.	BET	APPRÖXIMATE I TWEEN ONSET A	
	(This does not heart failure, o injury or comp	shenia, elc.	li means	the diseas	e,	(A) IMMEDIATE CAL DUE TO, OR AS	A CONSEQUENCE	OF:	y cry	74			h
		NTECEDENT					ASCUT) 41	2 Pmar				
	DISEASES OR	CONDITIO	ONS, if	any, givin	g	DUE TO, OR AS	A CONSEQUENCE	E OF:	John Ja				
	rise to the UNDERLYING			slaling ih	0	(c)							
_		11	-		<i>p.</i>								
OIT	OTHER SIGNIFIC	BUT NOT REL	LATED TO TH	E TERMINAL	,								
O A	19A. DATE OF	NDITION GIV	EN IN PAR	T 1 (A).		OPERATION	20A. AUTOPS	(? (Yes or No	208. IF YES. V	VERE FIND	INGS C	ONSIDERED	
CERTIFICATION	O		WAS PERF	ORMED			NO		IN CERTIFYING	G CAUSES	OF DE	ATH?	
CAL C	21 A. ACCIDENT OR CONTRIBUTE DEATH (notify in	ING CAUS	SE OF	21 ho ef	me, form	E OF INJURY (e.g., i o, foctory, street, o	n or obout 21 C. WI	OCCUR?	Qi In Bo	oltimore Cil	y, give e	exoct lacation)	
103	21 D. TIME (Manth) (Da	y) (Year)	(Haur) 21	E INJUI	RY OCCURRED	21 F. HO	W DID IN	URY OCCUR?				
8	(APPROX.)				hile At [Not While							
	22. I certify th	hot (1) (this	hospitol) ottended	the dec	eosed from	12/7		19 20 to			19	
	that (1) (we) 1	ost sow the	deceose	d olive on			19	ond th	at in (my) (our) opinion	death	occurred on	the date
			uses stat	ed obove.	(1) (We)	(did) (did not)							
	23A. SIGNATURI	Ruch	1	1-1	Total	1 mo Atte	nding Me	ed.	Shaff Phys.	23 B.	DATE	SIGNED	
	23C. PHYSICIAN NAME (Typ	(a)	4	· · · a		PCGREE!	23D. ADDRESS		1 11y 3.		711		
		RICH.		. TA	L W	R. M.D.	THE JO	HNS	OPKINS	Hos	PIT	AL	
24A	REMOVAL (Sp.	ATION, 248,	DATE	1	AME of	CEMETERY OF CR	MATORY	24D. L	OCATION	(City, to			(Stote)

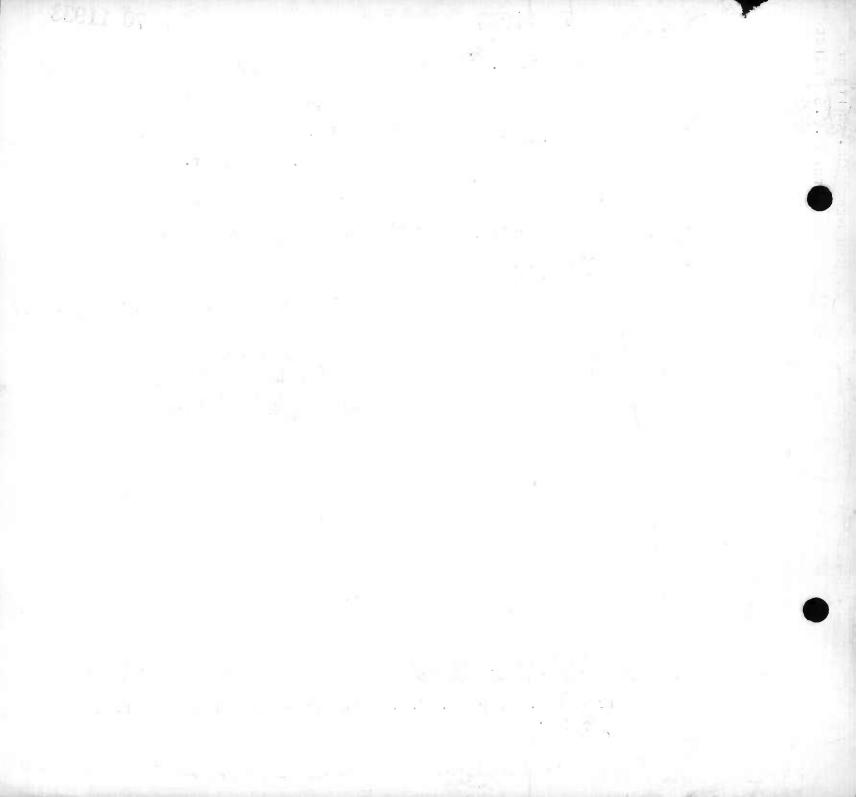
258. NAME OF RI

250 FUNERAL DIRECTOR

VS 150-REV. 1/1/68

25A. DA

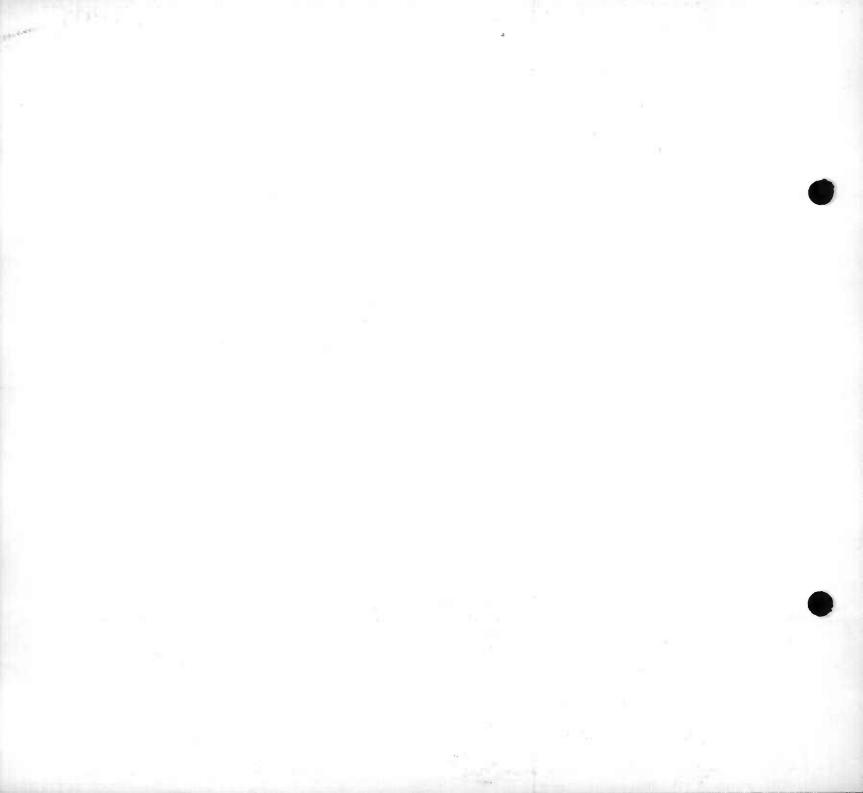
DEPT.



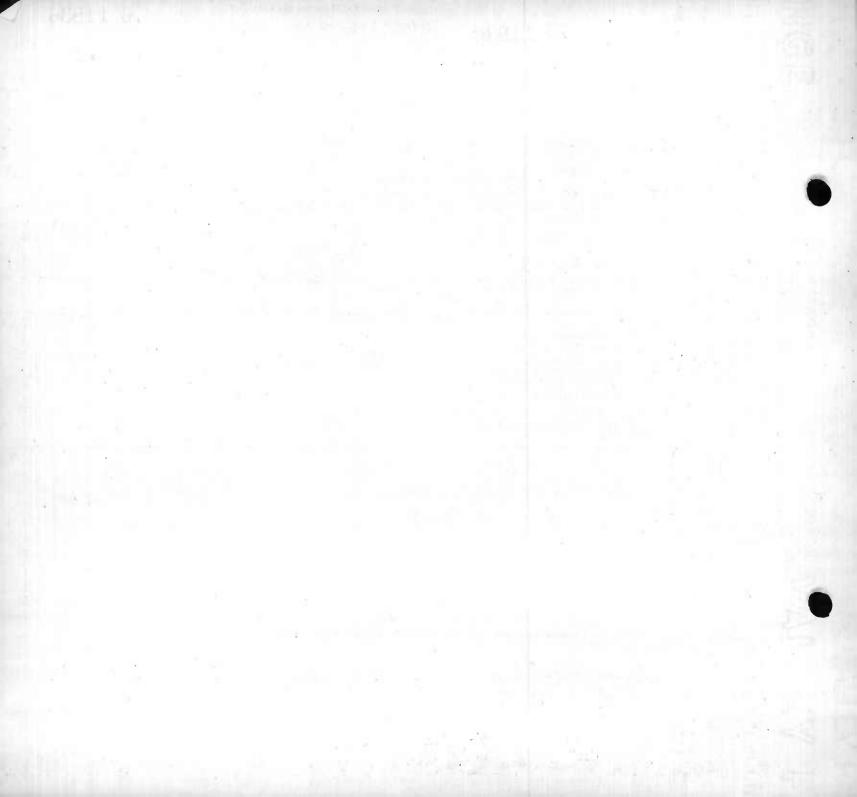
VS 150-REV. 1/1/68

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

BRTH NO.			CEDTIFICA	TE OF DEATH REG. NO.	70 11935
		11935	CERTIFICA	ATE OF DEATH REG. NO.	
(Type or Print)				2. DATE AND HOUR OF DEA	Н
2 PLACE IN A	UELLER, MARIE	С.		12/7/70	
S. PLACE IN B	ALTIMORE MARYLANO, W	WHERE PRONOU	NCEO DEAD	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	f institution: residence before admission
FULL NAME OF	F (IF NOT IN HOSPIT	TAL OR INSTITU	TION, GIVE STREET	MARYLAND BALTIMORE	2864
NOTITUTION	ADDRESS OR LOC	ATION)			NSIDE CITY LIMITS?
	GENERAL GERM	IAN AGED	HOME	BALTIMORE	YES X NO
90	22 SO ATHOL .	AVENUE		E. STREET AND NUMBER	
10				22 ATHOL AVENUE	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
FEMALE	WHITE	WIDOWED	DIVORCED _	1 JUNE 6, 1882 gg	Months Doys Hours Min.
10A. USUAL OC	CUPATION (Give kind of world of working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNT
HOUSEW				BALTIMORE, MARYLAND	USA
13. FATHER'S N				14. MOTHER'S MAIDEN NAME	UDA
EMIT	J LOOS				
5. Was Deceas	ad Ever in 11 S Armed For	10007	14 500141	ELENORE BECHT	
Yes, no or unknov	vn) (If yes, give wor or dote	es of service)	SECURITY NO.	17. INFORMANT	ADDRESS
				GERMAN AGED HOME	22 ATHOL AVENUE
18. 4	2,31		CAUSE OF DEAT	Н	APPROXIMATE INTERVAL
DISE	ASE OR CONDITION DI	RECTLY		/	BETWEEN ONSET AND DEAT
(This days	LEADING TO DEATH		(A) IMMEDIATE CAL	USE / LADALIAN PAILUIN	
heart failure	not meon the mode ai , asthenia, etc. Il means	the disease.		A CONSEQUENCE OF:	
injury or co	amplication which caused	death.)			
	ANTECEDENT CAUSES		in Paralli	VI appliethermin	1
DISEASES	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A			A CONSEQUENCE OF	*******************************
UN DERLYIN	nise to the above cause (A) stating the UNDERLYING CONDITION last.			indahantia blant D	Wase -
	11		(C)	ouch years jo	cicare
OTHER SIGN	IFICANT CONDITIONS CON	NTPIRITING	U		
					Α
TO THE DEA	ATH BUT NOT RELATED TO TH	HE TERMINAL	Alenen	alisto asterioscles	asis
U TOA CATE C	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OF OPERATION 198. CON	HE TERMINAL T 1 (A). O(TION FOR WI	ALMINION SICH OPERATION	(20A AUTOPSYZ (Yes or No)) 20R IE VES WED	asis
U TOA CATE C	ATH BUT NOT RELATED TO TH	HE TERMINAL T 1 (A). O(TION FOR WI		(30A-AUTOPSY? (Yes or No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
19A. OATE C	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART 19R. CONWAS PERF	HE TERMINAL T 1 (A). OCTION FOR WI FORMED	LACE OF INJURY (e.g., le	IN CERTIFYING C	
19A. OATE O	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OF OPERATION 198. CONWAS PERF	HE TERMINAL T 1 (A). OCTION FOR WI FORMED	LACE OF INJURY (e.g., le	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
TO THE DEAD DISEASE OR 19A. OATE CO. 21A. A CCID OR CONTRIE OEATH (notice)	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OF OPERATION 198. CONWAS PERF ENT WAS UNDERLYING UITING CAUSE OF by medicol exomined	HE TERMINAL T I (A). O(TION FOR WIFORMED 21B. P home,	LACE OF INJURY (e.g., liferm, factory, street, of	n or about 21 C. WHERE OLO (If In Boltim	
19A. OATE C 21A. ACCID OR CONTRIE OEATH (noting 210. TIME OF INJURY	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OF OPERATION 198. CONWAS PERF	HE TERMINAL T 1 (A). OTHON FOR WI FORMED 21 B. P home, etc.)	LACE OF INJURY (e.g., lifering, foctory, street, of	n or about 21 C. WHERE OLO (If In Boltim fice bldg., INJURY OCCUR?	
19A. OATE CO OR CONTRIE OEATH (notion	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OF OPERATION 198. CONWAS PERF ENT WAS UNDERLYING UITING CAUSE OF by medicol exomined	HE TERMINAL T I (A). O(TION FOR WIFORMED 21B. P home,	LACE OF INJURY (e.g., in form, factory, street, of	n or about 21 C. WHERE OLO (If In Boltim fice bldg., INJURY OCCUR?	
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VS 150-REV. 1/1/68



5552

70 11937 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 11937
BIKITI NO.	REG. NO. 70 11007
1. NAME OF DECEASED (Type or Print) HELEN P. SIMMONS	2. DATE Known M Month Day Year Hour OF DEATH Estimoted December 2, 1970
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	13. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD December 2, 1970 5:32 P.M. 5. USUAL RESIDENCE (Where deceased lived, if Institution; residence before admission)
21 N. Chester Street	A. STATE Maryland A. STATE B. COUNTY
6. SEX 7. RACE B. MARRIED A NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years # Under 1 Yr. Under 24 Hrs.	E. STREET AND NUMBER
11. BIRTHPLACE (State of Toreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	Y 15. MOTHER'S MAIDEN NAME
LA. WAS DECEASED EVER IN U.S. ARMED FORCES? [17. SOCIAL	18. INFORMANT // & ADDRESS
(Yes, no ar unknown) (Il yes, give war ar dates of service) SECURITY NO.	21. h Chester St
19. 5 7/ VI CAUSÉ OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
	CAUSE Fatty metamorphosis of liver
(This does not mean the mode of dying, e.g., heart latiure, osthenia, etc.) in means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
injury of complication which coused deptile,	
ANTECEDENT CAUSES (8)	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST. (c)	
OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS DEDECORMED
Ö	AS PERFORMED 21. AUTOPSY? (Yes or No) Yes
ZZA. EXTERNAL CAUSE WAS 122B, PLACE OF INJURY(e.g.,	In or obout 22C. WHERE DID (Il in Baltimore City, give exact location)
UTING CAUSE OF DEATH.	e bldg, etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX) WHILEAT (NOT	WHILE
	tapsy X and that on this basis, death in my opinion
resulted fram: Natural causes Accident Suicic	
Solicia Month Colores A According 1	Homicide Undetermined manner C
ACTUAL CHAPLES IN THE STATE OF	ASSISTANT MEDICAL EVALUATED TO DATE SIGNED
SIGNATURE W.D	
NAME (Type) Charles 5. Springate, M.D.	December 3, 1970
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, ar caunty) (State)
Durial 1211, 10 Mt. (1 1/2	Use Comment Contract
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. EUNERAL DIRECTOR ADDRESS
DEC 9 1970 Robert E. Tailbeij Ma. 1	1. To wellow He will the alte has
VS 151-REV. 1/1/68	

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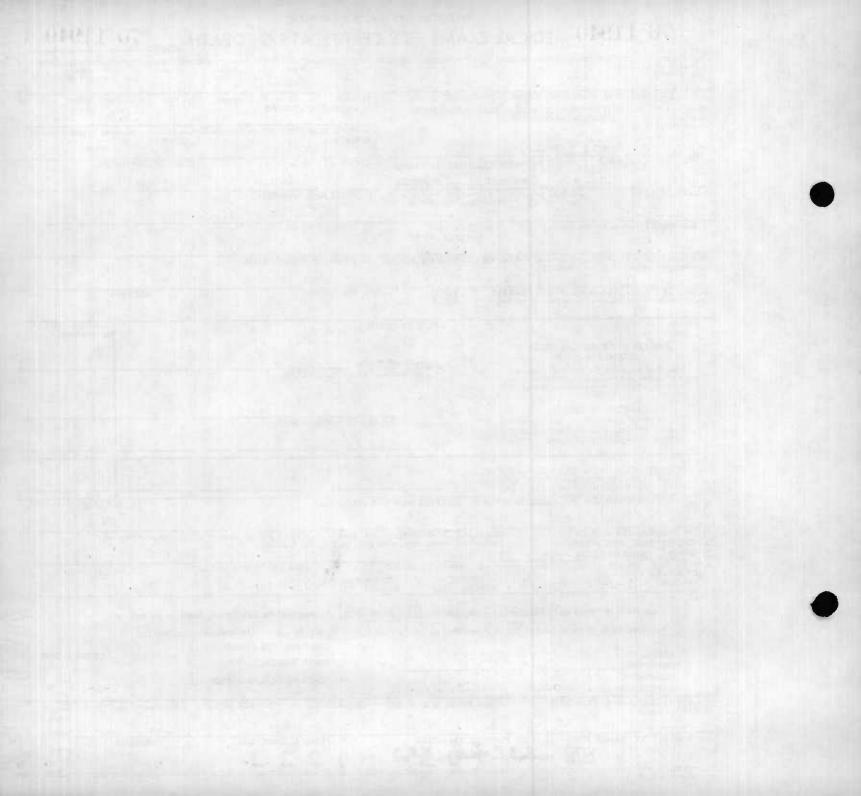
	70	11939			HEALTH DEPARTM		. 70	11939
	IH NO.			CERTIFICA	TE OF DEA	TH REG. N	0	TIOU
	AME OF DEC	ANNA M	ICHAEL			December 6.		
3. (PLACE IN BALT	IMORE MARYLAND, W		UNCED DEAD				residence before admission
FU!	LL NAME OF		AL OR INSTIT	UTION, GIVE STREET	MARYLAND c. CITY OR TOWN	N	. INSIDE CITY	residence befare admission 502
	0				BALTIMORE		YES X	NO 🗌
	90	KENESAW NU 2601 Rosly			1935 W. N	mber orth Avenue		
5. S	EX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	s If Und	ler 1 Yr. If Under 24 Hrs i Doys Haurs Min.
	emale	Negro	WIDOWED	DIVORCED	12-3-1902		8 Months	Doys Haurs Min.
104.	USUAL OCCU	PATION (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stat	e or foreign country)	12. CI	TIZEN OF WHAT COUNTRY
R	Retired				Blackston	e, Virginia		U.S.A.
13. [FATHER'S NAM	AE .			14. MOTHER'S MAIL	DEN NAME		
	Car	rey Edmonds			Channie	Edmonds		
5. V Yes	Nos Deceosed	Ever in U. S. Armed For Off yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		Bronx.	Newporterk
	lo.			JECOKIII NO.	Mrs. Sarah	B. Moten		nton Avenue
_	18.	1.01		CAUSE OF DEAT		5. 110 to	000 007	APPROXIMATE INTERVAL
	DISEASI	OR CONDITION DI	RECTLY	Cerebral	hemorrhage	recurrent		BETWEEN ONSET AND DEATH
		LEADING TO DEATH		(A) IMMEDIATE CAL				
	heart failure, o	it mean the mode of isthenia, etc. It means	dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:	************************		
	injury at comp	lication which caused	death.)	Arteries	cleresis &	htpertension		? yrs.
		NTECEDENT CAUSES		(B)		J		
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS rise to the above cause (A) stoling the			A CONSEQUENCE OF	**************************************	***************************************	***************************************	
	UNDERLYING CONDITION last. (C)							
		11						
NO	OTHER SIGNIFIC	CANT CONDITIONS COL	NTRIBUTING	None	known			ĺ
<	DISEASE OR CO	NDITION GIVEN IN PART	T 1 (A).	***************************************			**************	
CERTIFIC	TYA-DATE OF	OPERATION 198 CON	ORMED	VHICH OPERATION	20A. AUTOPSY? (Ye	IN CERTIFYING	VERE FINDING	S CONSIDERED DEATH?
- I	21 A. A CCIDENT OR CONTRIBUT DEATH (notify t	T WAS UNDERLYING TING CAUSE OF	21B, homelc.)	PLACE OF INJURY (e.g., i e, form, factory, street, of	or about 21 C. WHERE fice bldg. INJURY OC	DID (II In Bo	oltimore City, gi	ve exoct lacation)
3 6	21 D. TIME OF INJURY (APPROX)	(Month) (Day) (Year)		INJURY OCCURRED le At		ID INJURY OCCUR?		
2	22. I certify t	hat (1) (this haspital)			out mid-196	10	Dec.	6, 1970 ₁₉
1	that (1) (we) 1	ast saw the decease	d altre on	Dec. 5, 197	0 19	and that In (my) (our		oth occurred on the date
-	and have and	from the causes state	ed abave. (1)	(We) (did) (did nat) v	lew the bady after	leath.		
2	3A. SIGN ATUR	E DILV	201	1/4				TE SIGNED
		03017.1	J. W	19 M DEGREE Phys	nding Med.	Staff Phys.	De	c. 7, 1970
	PHYSICIAN NAME (Typ	Rebt. B.	Wright		Medical Ar			
24A.	BURIAL CREM	ATION, 248, DATE	24C. NA	ME of CEMETERY OF CRE	MATOR Paltime	PER LOCATION 130	(City, town,	or county) (State)
	Burial	12-10-		outus Memorial		Baltimore		Maryland
25A.	DATE REC'D	C 9 1970 02		abou ten		DYETT F.H.		ADDRESS
16.3	- UE	0 3 13/0 04	Catho and	All the second s	11011 64	TOTAL F. II.	1/UI L	aurens Street

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BIRTH
I. NAI

		BALTIMORE CI	IT REALIN DEPAKIMENT		
70	11940	MEDICAL EXAMINER	'S CERTIFICATE OF D	DEATH 70	11940

BI	RIH NO.	77120		-///	.,,,,,,,,			CAI	201	DLAI	REG. NO.	, , ,		
提	NAME OF DECEASED						2. DATE	Kna	wn 🔲	Month	Day	Year	Hour	
Cis	E E	DDIE L.	GORD	ON			OF DEATH	Estic	moted [
4.	PLACE IN BALTIMORE, M				CED DEAD)	3. DATE			Month	Day	Yeor	Hour	М.
FU	L NAME OF (IF N	OT IN HOSPITA	AL OR INSTI					UNCED	DEAD	12	4	1970	4:30	p
	INSTITUTION						5. USUAL R	ESIDEN	CE (Where	deceosed li	ved. If institution	: residence		stan)
4	St. Agne	s Hospit	al				A. STATE	Mary:			B. COUNTY	1	00	2
6.	SEX 7. RACE		B. MARRIE	ED N	EVER MAR	RIED -	C. CITY OF	TOWN			D. INSIDE CI	TY LIMITS?		-
	male neg	ro	WIDOW			CED 🗍		Balt:	imore			ES 🔼	П	
9.	DATE OF BIRTH	10. AGE (In	n yeors	If Under	1 Yr. II Unde	or 24 Hrs.	E. STREET	AND NI	JMBER		T	: -	ио Ц	
	12-1-47	last birthda 23	(A)	Months 1	Days Hour	Min.	14	01 W:	inches	ster S	t.			
11.	BIRTHPLACE (State or fare	ign country)	ľ	2. CITIZ WHA	EN OF	Y?	13. FATHER							
147	USUAL OCCUPATION (G	and the factorial	140 8100	OF BUSI	S.A.	10116	Henr	v Go	rdon					
dor	during most of working lile, e	iven if refired)	140. KIND	OF BUSI	ME22 OK I	NDUSTR	15. MOTHE	R'S MAI	DEN NAM	WE				
	ianitor						Larv	Mar	tin					
16.	WAS DECEASED EVER IN , no or unknown) (II yes, give	U.S. ARMED	FORCES?	17.	SOCIAL	NO	18. INFOR				Al	DRESS		
,,,	200	wat or doles	or service)		SECURIT	140.	To me	Car	200			- 1 1		
	19.	V			CAUSE	OF DEA	TH	101	10011=	mo the	r-same	accr	PPROXIMATE INT	TERVAL
	2760	A		*					1 -				VEEN ONSET AN	
	DISEASE OR CON		CTLY	L	urtip	re gu	inshot	wound	ıs ,					
	LEADING T				(A)IMM	AEDIATE C	AUSE							
	(This does not mean the heart lailure, asthenia, et	c. It means the	disease.		DUE	ETO, OR	S A CONSEC	UENCE (OF:					
	injury or camplication wh	ich caused dec	oih.)											
	ANTECEDENT	CAUSES			dat									
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE													
	UNDERLYING CONDI	AUSE (A) STAT	TING THE											
2					(c)									
Ĕ		11												
CERTIFICATION	OTHER SIGNIFICANT CO	INDITIONS CO	ONTRIBUTII THE TERMIN	NG VAL										
晋	DISEASE OR CONDITION	GIVEN IN PA	ART 1 (A)-											
ER	20A. DATE OF OPERATIO	N 208. CON	ADMON FO	OR WHI	CH OPERA	TION WA	S PERFORM	ED				21. AUTO	PSY? (Yes or	No)
0	21											yes	S	
X	22A. EXTERNAL CAUSE		22	28.PLAC	E OF INUL	JRY (e.g.	In or obout 2	2C. WHI	ERE DID (II in Baltimer	e City, give exa	-	4	22.01
MEDIC,	UNDERLYING TO CON		h	ome, form	troot	reet, office	bldg., eic.) Il	UURY C	occuss,	and II.	illtop 2	0801	2 0	00
ME	UTING CAUSE OF DEA	ATH. Day) (Year		122F IN	not occ	TIPPED				URY OCCI			n. Owen	
	OF INJURY		10.5	WHILE		NOT	and the second						RD.	
	(APPROX.) $12-3-7$	U app.	10:5	WORK		AT W	ORK X	suoj.	. shot	sever	ral time	S.		
						٠.								
	I certify that I i	neid on li	nquiry [_]	Ins	pection L	Aut	opsy k	and t	hat on th	is basis,	death in my	nolniqu		
	resulted from: 1	No tural cays	ses 📗	Accid	ent	Sulcid	• Ho	micide	X t	Indetermi	ned manner]		
	/	1	- 1		1			HIEF M	EDICAL E	XAMINER				
	ACTUAL SIGNATURE	1/1	bet.	011	n		ACCH				X		DATE SIGN	ED
	EXAMINED'S		-1124	Carle .	1 -3	M.D.			EDICAL E		H			
	NAME (Type)	Isidore	Miha	lakis	s, M.D		ASSO	CIAIEM	EDICAL E	KAMINEK		12-5	5-70	
24/ RE	BURIAL CREMATION,	248. DATE		24C. NA	ME of CE	METERY	or CREMATO	RY	24D. L	OCATION	(City, tawn,	or county)	(State)
	Burial	12-10-	-70	14-	4117	nnn	Ceme t	OPI	4	Rolt	imore,	Mante	land	
25	DATE REC'D BY HEALTH				EGISTRAR					RV.Ba		DRESS	Lailu	
	JEC9 1	970 Pa	Bee E	del	San De	T.A							01	
	1403	310 00	ALCO A			1964	1 193.	Lson	OF.P	. 13	48 N.	Jalno	un st.	•

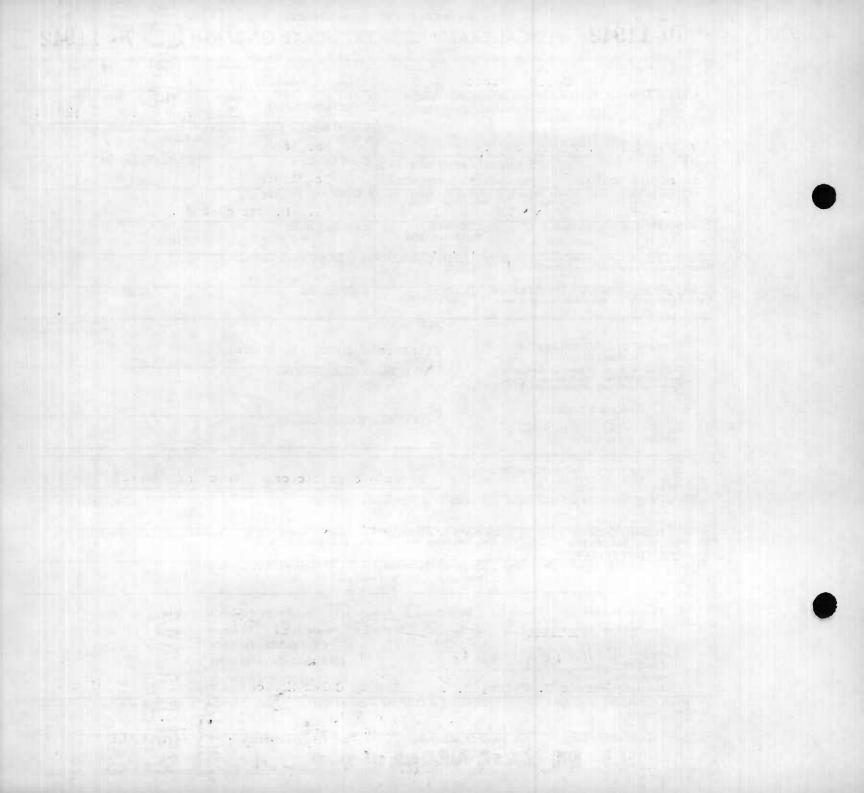


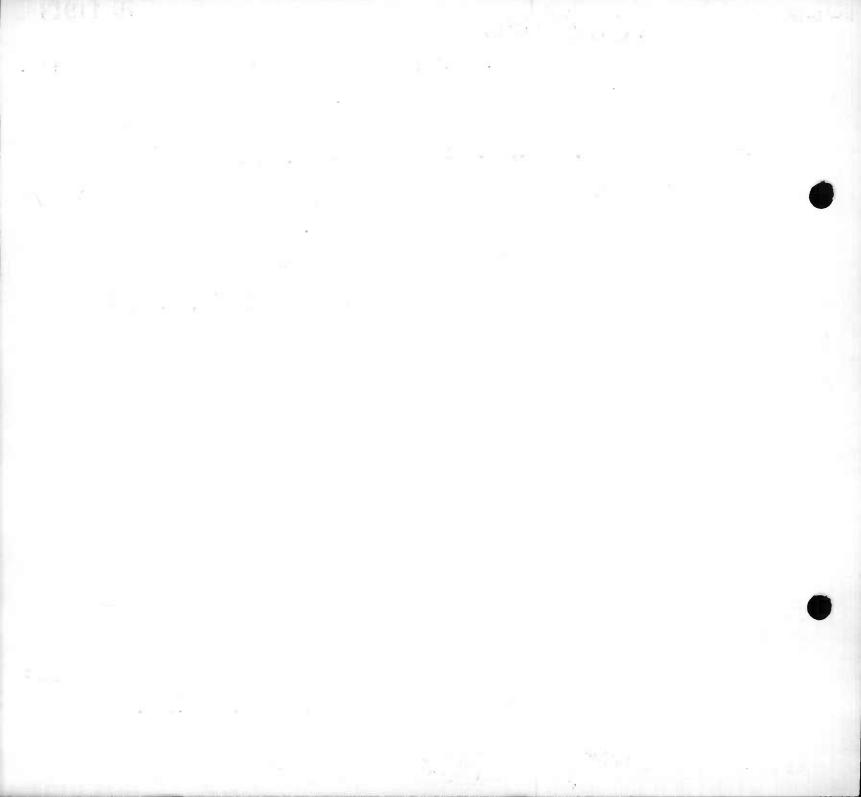
sab-53-69-12	70 11941 BALTIMORE CITY HEALTH DEPARTMENT 70 11941							
N 45 6 5	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 70 11941							
f death f death on the h. Such	1. NAME OF DECEASED VAN: L. WALKER 2. DATE AND HOUR OF DEATH 12/7/70 13:30 A.							
2000 t	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission) A. STATE B. COUNTY							
hos 1Se an de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET Maryland 27/6 CCITY OR TOWN							
n a cau use; tend	Baltimore City Hospitals Baltimore Ves 57 No.							
·- m m ± o	Baltimore, Maryland 21224 E. STREET AND NUMBER 2555 West Cold Spring Lane 21215							
rcur frib min guli sed	Male Negro New Married Never Married A-22-39 Negro Never Married Never Married A-22-39 Negro Never Married Never Married A-22-39 Negro Never Married Never Married A-22-39 New Months; Doys Hours Min.							
上 つ だ 」 ひ に	10A. USUAL OCCUPATION (Give kind of wark 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY huskter U.S.A.							
NT nt if deat direct or i; (4) Unde th was in on the de dispositio	13. FATHER'S NAME Aaron Walker Aaron Walker Inez Moyer							
Ssistant the di the di kind; death nce on final di	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 230-40-5037 Records: BCH-4940 Eastern Avenue 21224							
RAL DIRECTOR: IMPORTAN medical examiner or his assistant medical examiner. Also, if the district burns; (3) A fracture of any kind; physician who pronounced death an was in regular attendance on remains are embalmed or final d	DISEASE OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost. CAUSE OF DEATH (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (B) DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
chief y a r Body the tysici	19A-DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED 19R. CONDITION WAS PERFORMED YES 18 CERTIFYING CAUSES OF DEATH? YES							
# 410 g and	OR CONTRIBUTING CAUSE OF							
oved by the property of the pr	DEATH (notify medical exomined etc.) DEATH (notify medical exomined etc.) Post of the bidg. NJURY OCCUR?							
o the any (ex ; any	22. I certify that (I) (this hospital) attended the deceased from 21/2/1970 to 3:30 hrv. 12/1970 that (I) (we) last saw the deceased alive on 12/6/1970 and that in (my) (our) pinion death accurred an the date and hour and from the causes stated above. (I) (We) (did) (did nat) view the body after death.							
20.22	23A. SIGNATURE Collect . Stevenson Degree Phys. Attending . Med. Director . Phys							
was An Latiprio	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 4940 Eastern Avenue Robert Stevenson Jr. Baltimore, Maryland 21224							
certifi body v fs: (1) D.O.A ased p	REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)							
This certif the body shows: (1) was D.O.A deceased	Burial 12-11-70 Mt. Auburn Cem. Balto., Md.							
she de	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR, V. Bailey Address Kelson P. H. 1348 N. Calhoun St.							

; -5 n I 358:

BALTIMORE CITY HEALTH DEPARTMENT

70 11942 MEDICAL EX	(AMINER'S	CERTIFICATE O	F DEATH	H _{REG. NO.} 70 11942
1. NAME OF DECEASED (Type or Print) Sallie Prat	t	2. DATE Known A OF DEATH Estimated	Manth]	Doy Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONCE FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION OR INSTITUTION)		3. DATE PRONOUNCED DEAD	Month 12	Day Year Hour 7 70 4:20 p.
1370 N. Stricker St.		5. USUAL RESIDENCE (Whe A. STATE Maryland		ed. If Institution: residence before admission) COUNTY
6. SEX 7. RACE 8. MARRIED	NEVER MARRIED	C. CITY OR TOWN	1	D. INSIDE CITY LIMITS?
female colored WIDOWED	DIVORCED	Baltimore		YES NO
9. DATE OF BIRTH 11-11-99 Iost birthdoy) 71 Month	der i Yr. if Under 24 Hrs. hs. Days Hours Min.	E. STREET AND NUMBER 1370 N. S	tricker	
	TIZEN OF	13. FATHER'S NAME		
I 4A.USUAL OCCUPATION (Give kind of work) 148. KIND OF B dane during most of working life, even if retired)	USINESS OR INDUSTR	15. MOTHER'S MAIDEN NA	AME	
Id. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	17. SOCIAL SECURITY NO.	IB. INFORMANT	400	ADDRESS
119.	CAUSE OF DEA	James Folge	rs 137	70 Stricker St.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart follure, asthenia, etc., it means the disease, injury or camplication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A)IMMEDIATE O	1 bronchopneumo. AUSE AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	nia	BETWEEN ONSET AND DEAT
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		osclerotic card	iovascul	ar disease
20A. DATE OF OPERATION 20B. CONDITION FOR Y	VHICH OPERATION WA	S PERFORMED		21. AUTOPSY? (Yes or No)
Z 22A. EXTERNAL CAUSE WAS 122B, PI	ACE OF GUILBY	1 1 200 1///	40	yes
UTING CAUSE OF DEATH.	farm, factory, street, affice	In or obout 22C, WHERE DID bldg., etc.) INJURY OCCUR?	(it in Baltimore	City, give exact location)
(APPROX.)	EINJURY OCCURRED.	WHILE ORK	JURY OCCUR	2
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz,	M.D. Dep	Homicide CHIEF MEDICAL ASSISTANT MEDICAL ASSOCIATE MEDICAL ULY Chief Medic	Undetermine EXAMINER EXAMINER	DATE SIGNED
Burial 12-11-70	NAME of CEMETERY		alto.,	(City, town, ar county) (Stote)
DEC 9 1970 Dobe & E.	FREGISTRAR	25C. FUNERAL DIRECT	OR Bas	ADDRESS 348 Calloun St.
VS 151-REV. 1/1/68				





VS 150-REV. 1/1/68



IMPORTANI

DIRECTOR:

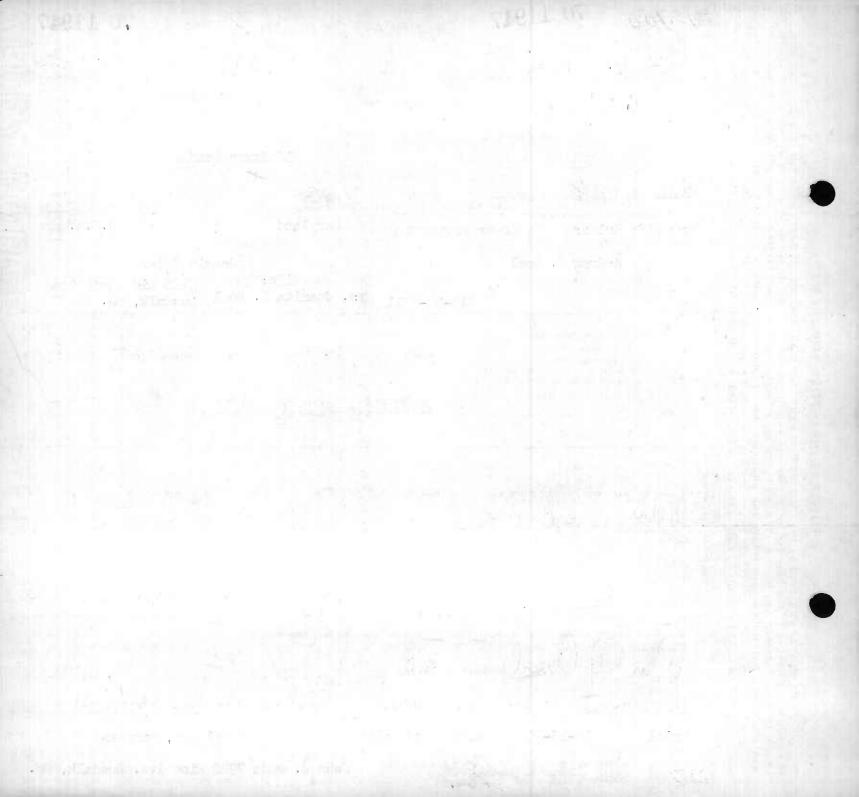
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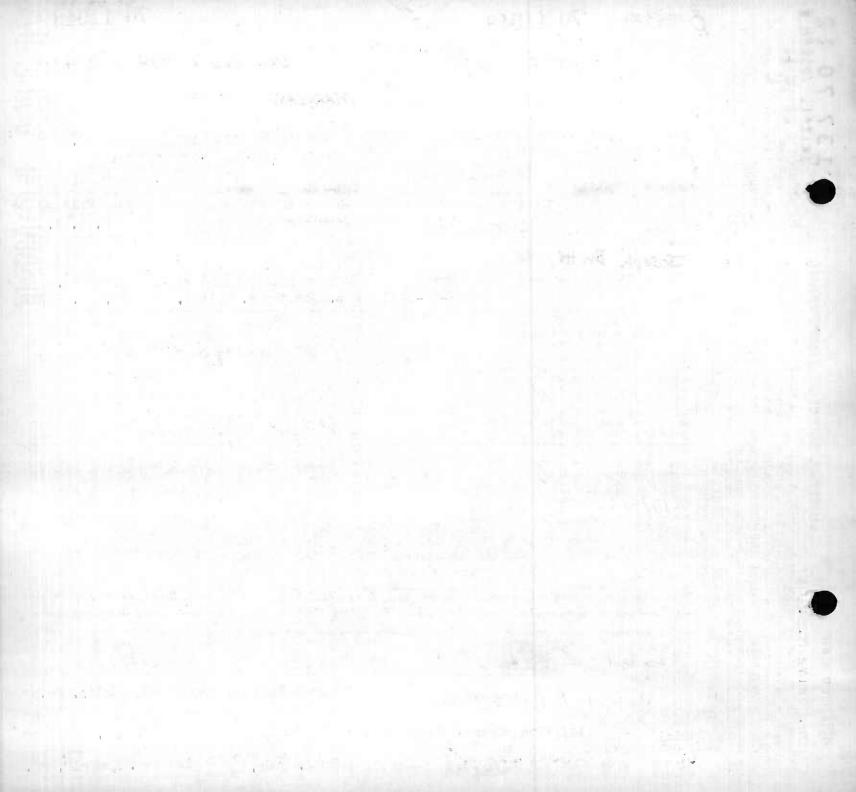
4-330	70	11946	,	TE OF DEATH	REG. NO	70 11946			
I. NAME OF DEC		tte M.	Ladata	2. DATE A	NO HOUR OF DEATH	2:05 A.M.			
	TIMORE, MARYLAND, W	HERE PRONO		4. USUAL RESIDENCE (Whe	Baltimor	nstitution: residence before admissions e 53-00			
CHURCH	HOME &	HOSP	ETAL	E. STREET AND NUMBER	1917 Barry	YES NO E Road AD			
5. SEX Remale	6. RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	S. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
Dispat	working life, even if retired) Cher		BUSINESS OR INDUSTRY k Co.	11. BIRTHPLACE (Stole or fore	LVANIA	12. CITIZEN OF WHAT COUNTRY?			
	ph Éi			14. MOTHER'S MAIDEN NA Anna Nemsi		1;			
No	Ever in U. S. Armed For lif yes, give wor or dole	ces? s of servicet	16. SOCIAL SECURITY NO.		DATA	SAME ADDRESS			
DISEAS (This does no heart failure,	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								
DISEASES O	plication which caused ANTECEDENT CAUSES OR CONDITIONS, if obave cause (A) CONDITION last.	any, giving	DUE TO, OR AS	NATING VI	RAL HEPA	PTITIS.			
	II ICANT CONDITIONS COI H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	HE TERMINAL	(C)						
19A. DATE OF	OPERATION 198. CON WAS PER	DITION FOR V		Yes	IN CERTIFYING CA				
OR CONTRIBU	TING CAUSE OF	21 B. ham elc.)	e, form, foctory, street, of	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(if In Boltimor	e City, give exoct locotion)			
OF INJURY (APPROX.)	(Month) (Doyl (Year)		INJURY OCCURRED Not While At Work	21F. HOW DID INJ	URY OCCUR?	/ .			
	that (I) (this hospital lost saw the decease		10/0	70	19 TO toat In(my) (our) apl	nion death occurred on the date			
23A. SIGNATU	E. Chanvas)	DEGREE Atte	And the second s	Shaff M	23B. DATE SIGNED			
	A.C. CHOU	VALT		Church Home &		/ /			
24A. BURIAL CREATER OVAL (S Removal Bu 25A. DATE RECD	erial 12-11-	70 258. NAME O	Hamlin Cemete	ry Ha	mlin, Wayne	Co., Pennsylvania			
DEC9 VS 150-REV. 1/1/6		E Jake	KA	agini a. Duga	(Arr Mise V.	ve. Dundalk, Md.			

BY"

	1) 10	70 1	1947	BALTIMORE CITY	HEALTH DEPARTMEN	NT ,		
1	W-40	0 10 1	1337	CERTIFICA	TE OF DEAT	H REG. NO	70 11947	
1, 1	NAME OF DEC	ceased Ronald I	F. Noel		2. DA1	TE AND HOUR OF DEAT	1645 pm M	
3.	PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD		(Where deceased lived, If	institution: residence before admission)	
FL	JLL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Maryland	Baltimor	-0	
İN	STITUTION				Dundalk		YES NO	
-		** 1 '	**		E. STREET AND NUME			
-		ns Hopkins	Hospit	cal	8126 Mid	Haven Road		
5.	Male	6. RACE White		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	onths Doys Hours Min.	
-			WIDOWED		7/30/34	36		
do	ne during most of	CUPATION (Give kind of world f working lile, even if retired) ft Driver		· Brothers	Maryland	or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	FATHER'S NA		20102	21001010	14. MOTHER'S MAIDEN	NAME		
		Andrew F. 1	Noel			Jessie Ty	vler	
15. (Ye	s, no or unknow	d Ever in U. S. Armed For n) (If yes, give wor or dote	ces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT WIFE	T ST TOLK	Mid HavenssRoad	
	No	. 6		219-30-3711		Duno	dalk, Md. 21222	
F	18. DISEA	SE OR CONDITION DI	DECTI Y	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	LEADING TO DEATH (A) IMMEDIATE CAUSE BANKING Small Bowel Obst 2-5mas							
	(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)							
	injury ar car			0 0	0 0 0	00 0		
		ANTECEDENT CAUSES		(B) Metast	A CONSEQUENCE OF	Homerch	14 mos	
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE ON ITSEE to the above couse (A) stating the UNDERLYING CONDITION last.							
F	(C)							
ATION	I O THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO T	HE TERMINAL					
FICA	19A. DATE O	F OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?	
CERTIFIC	10/17/7	0.1	weter	- 11 - 11 - 1	No	III CERIIFIINO C	AUSES OF BEATH:	
A	OR CONTRIB	ENT WAS UNDERLYING CUTING CAUSE OF y medical examiner)		PLACE OF INJURY (e.g., ine, form, foctory, street, a	ffice bldg., INJURY OCCU	ID (if in Baltim	are City, give exact locotion)	
EDIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?		
A	(APPROX.)		Wh	ile At Not While	e 🔲			
	22. I certify	y that (1) (this hospital			nou	19 67 to 1	2/7 1970,	
1	that (1) (we) last saw the decease	ed olive an	12/7	1970 01	nd that in (my) (our) o	pinian death accurred an the date	
	and hour on	d from the courses sta	ted obove. (I	(We) (did) (did not)				
	23A. SIGN AT	URE	1				23 B. DATE SIGNED	
	11/1	n I Un	rleis	on Magae Ath	ending Med. S. Director	Staff Phys.	12/7/20	
	23C. PHYSICI.	AN'S Type)		J. DEGREE	23D. ADDRESS	. *		
	Willi	Am J. A.	ndens	on M DGREE	whole	s Hophus	Hospital	
24	REMOVAL	EMATION, 24B. DATE (Specify)		AME of CEMETERY of CR		4D. LOCATION (City, town, or county) (State)	
	Burial	12-10-7	70 G	ardens of Fai	th	Baltimore,	Maryland	
25	A. DATE REC'E	BY HEALTH DEPT.	25B. NAME S	DE REGISTRAR	John J. Bu	7. 2	Ave. Dundalk, Md.	
	150 051/ 1/1	//0						



VS 150-REV. 1/1/6B

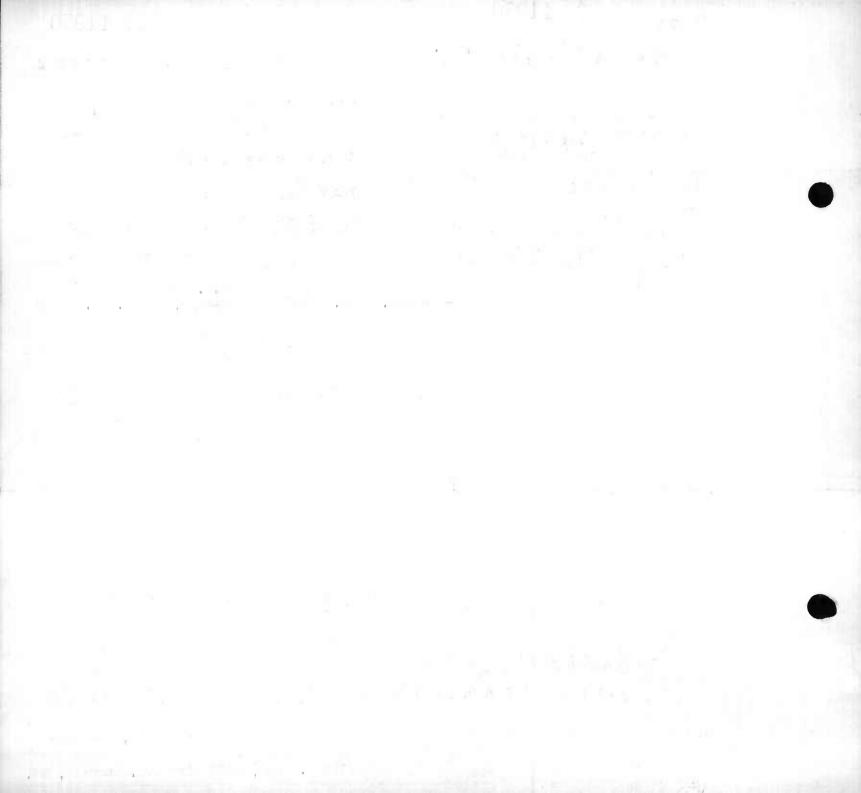


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DIRECTOR:

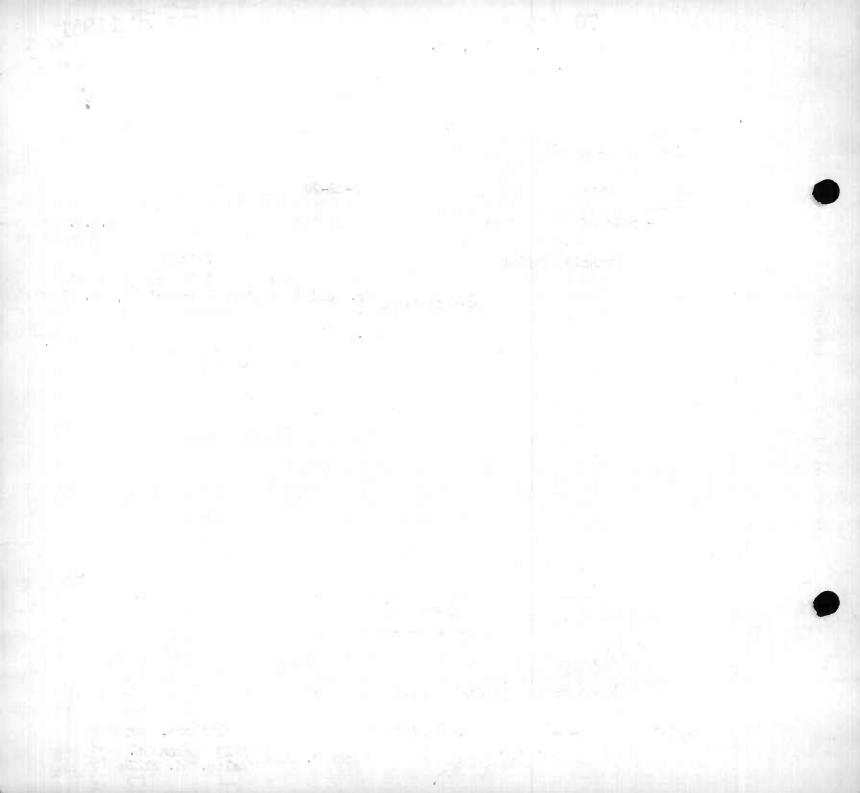
ada sy 33 REMARKS TO BE A SECTION OF THE SECTI

70 11950	BALTIMORE CITY	HEALTH DEPARTMENT		WO LIOTS					
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	70 11950					
NAME OF DECEASED FOLIX BOCHONI	ck, Sr.	2. DATE AN	D HOUR OF DEATH	1 221221					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONG		4. USUAL RESIDENCE (When		titution: residence before admission)					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI- HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION Church Home & Hospita	TUTION, GIVE STREET	A. STATE B. COUN MARY LA M C. CITY OR TOWN Edgen BALTIMOR	Baltimo						
35 HOSPITA		E. STREET AND NUMBER	1 6541	((9))					
5. SEX 6. RACE hite 7. MARRIED WIDOWE	THE TER HOUNKIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.					
10A, USUAL OCCUPATION (Give kind of work 10B, KIND Odone during most of working life, even if retired)		11. BIRTHPLACE (Stote or fore) Pennsylvan	nia	12. CITIZEN OF WHAT COUNTRY					
13. FATHER'S NAME Joseph Bochenick	Or	4. MOTHER'S MAIDEN NAM	ME Louise K	Warron .					
15. Was Deceased Iver in U. S. Armed Forces? (Yes, no or unknown) 11 yes, give wor or doles of service)	SECURITY NO.	7. INFORMANT (Wife							
1 000	216-10-4656.	Mrs. Virginia	Bochenick, E	Balto. Md. 21219					
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	a.D. Pen	0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease injury or complication which caused death.) ANTECEDENT CAUSES	(A) IMMEDIATE CAUS DUE TO, OR AS A	E CONSEQUENCE OF:	wofficient	7 (en days					
DISEASES OR CONDITIONS, il ony, giving rise la the above cause (A) stating the UNDERLYING CONDITION lost.	(B) DUE TO, OR AS A	CONSEQUENCE OF:	D'La	ue few days					
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	******************************								
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?					
Co contralation of the con	PLACE OF INJURY (e.g., in ne, form, foctory, street, office)	or obout 21C. WHERE DID	(II in Baltimore	City, give exoct location)					
(APPROX.)	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?						
	22. I certify that (i) (this hospital) attended the degreesed from 1970								
that (i) (we) lost sow the deceased alive on	[]								
and hour and from the couses stated above. (1	and how and from the couses stated above. (i) (We) (did) (did not) view the body after death.								
Colandof Mend	DEGREE Phys.	ing Med. S	haff hys.	B. DATE SIGNED					
23C. PHYSICIAN'S NAME (TYPE)	62024, MD, 23	10-0 n. Brock	Desay, Bas	A., M.S. (31)					
KEINIO AME (Shecily)	AME of CEMETERY of CREM Lawn Cemetery	ATORY 24D, LO		lown, or county) (Stote) More, Maryland					
	OF REGISTRAR	John J. Duda,		ADDRESS Ave. Dundalk, Md.					
VC 3.00 DEV 3.01.00									



VS 150-REV. 1/1/6B

5	BALTIMORE CITY	HEALTH DEPARTMENT		
D-626 70 11951	CERTIFICAT	TE OF DEATH	REG. NO	70 11951
T. NAME OF DECEASED Joseph M. Dreg	gier, Sr.	2. DATE AN	ID HOUR OF DEATH	14 3° A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whe A, STATE B. COUN	re deceased lived, If in	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INS HOSPITAL OR ADDRESS OR LOCATION)		HARPYLAND C. CITY OR TOWN		37-41 IDE CITY LIMITS?
FRIEDLEN'S GUEST 1 2449 SHIRLEY AVE- 2		E. STREET AND NUMBER	, 5	YES NO
,		HYOO BELAIN	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
Male White WIDOW	DIVORCED	2-22-70	lost birthday)	Manths Days Hauts Min,
10A USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired) Self-Employed Can		1. BIRTHPLACE (State or fore Maryland	ign cauntry)	12, CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Francis Dregier		4. MOTHER'S MAIDEN NA	Pelage	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknawn) (If yes, give war ar dates of service)	e SECURITY NO.	7. INFORMANT Son: Mr. Daniel Dreg		oak Croffer Drive ville, Md. 21093
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH (A)IMMEDIATE CAUS	Teolerdes	Heary	approximate interval BETWEEN ONSET AND DEATH 2 Months
(This does nal mean the made of dying, e heart failure, asthenia, etc. It means the disea injury or complication which caused death.)	DUE TO, OR AS A	CONSEQUENCE OF:	willeli	`
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giv	(B)	CONSEQUENCE OF:		
rise to the above couse (A) stoting UNDERLYING CONDITION last.	9	7~		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMING DISEASE OR CONDITION GIVEN IN PART 1 (A).		Lore		
	DR WHICH OPERATION	20 A. AUTOPSY? (Yes ar No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, affietc.)	ar abaut 21C. WHERE DID ce bldg., INJURY OCCUR?	(If in Baltima	re City, give exact location)
U OF INJURY	21E, INJURY OCCURRED While At Nat While At Wark	21F. HOW DID INJ	URY OCCUR?	- Lave Zar
22. I certify that (I) (this hospital) attende			1970 ta 1	DE 5 19 70
that (1) (we) last saw the deceased alive a			nat in (my) (our) ap	inian death accurred an the dat
23A. SIGNATURE Manuel Le	na	ding Med.	Staff Phys.	23B. DATE SIGNED Like 5, 1970
PASSICIAN'S NAME (Type) MANUEL L	EVIN M.D. DEGREE	6,01 Park H	1/3 au 1	Sallo-15 he
Burial (Specify) 12-9-70	St. Stanislaus		Baltimore	ity, town, or county) (State) Maryland
DEC 9 1970 Jabe & E	NE OF REGISTRAR	John J. Duda	Balto. Md.	n St. ADDRESS 21224



E	112	70 11952 BALTIMORE CIT	Y HEALTH DEPARTMENT 70. 11952
	P. P. P. P.		ATE OF DEATH REG. NO. 70 11332
	death eased n the Such	1. NAME OF DECEASED (THERESA EBERT)	2. DATE AND HOUR OF DEATH
	0 0 -	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	12/6/70 3:30 p. A
			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
		FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	CCITY OR TOWN Baltimore 9-08
	20050	yelvion memorial Hospital	C. CITY ORTOWN B. INSIDE CITY LIMITS? P. INSIDE CITY LIMITS? NO []
	d in caus caus atter	142 14 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E. STREET AND NUMBER
	9 2 9 9	5. SEX 6. RACE 7. MARRIED TO NEVER 14 ARREST	(90) Sherwood Avenue
•	occurre ontribut ermined regular pased p	WIDOWED	9. AGE (in years last birthdoy) 93 If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
	in lete	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	
	Po o s	Housewife	Germany USA
	rect (4) U wa the ispos		14. MOTHER'S MAIDEN NAME
ANT	55 N.F. E.B.		Margaret Menneger
3	# 0 F 0 0	15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) (If yes, give war or dates af service) SECURITY NO.	Mrs Robert Relt (niece)
- R	23 + _ = = ==	0 141 0 220 40 JI41 0	Mrs.Robert Belt (niece) 24 Township Rd.Baltimore MD.21222
IMPORT	an an an an an an an an an an an an an a	DISEASE OF CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
Ξ		LEADING TO DEATH	use Branchagenic
**	2.20.0	heart foilure, asthenia, etc. It means the disease.	A CONSEQUENCE OF:
Ö	= c 0 5 E	injury ar camplication which caused death.) ANTECEDENT CAUSES	Carcinoma of the lung
5	A fr Who reg	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	S A CONSEQUENCE OF: 7
DIRECTOR	al e e e e e e e e e e e e e e e e e e e	nise to the abave cause IA) stating the UNDERLYING CONDITION last. (c)	Tam Alghali
	.= . = . = .	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
A A	E 0.5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
UNERAL	E B O C S +	19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	by by 2) B 70 t 10 t 10 t 10 t	218. PLACE OF INJURY (e.g.,	in as about 21 C. WHERE DID.
100-		DEATH Inotify medical exominer)	in or obout 27 C. WHERE DID (If In Ballimore City, give exact location)
		OF INJURY OCCURRED While At The Not While	21F. HOW DID INJURY OCCUR?
	> = 9 7 8	Wark At Work	
9	ex ex	22. I certify that (1) (tis haspits) attended the deceased from that (1) (w) last saw the deceased glive an (2/06/7)	2/0//10 1970 to 12/06/70 1970
	5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -		
	eased to ident of hospital or death)	and haur and from the causes stated above. (1) ((i) ((ii) (dld not) v	
	must eleas ccide ccide a hos to d	7 Fax Cas Man Attended	ending Med. Shaff Phys. P 23B. DATE SIGNED
		De Carrier de la	23D. ADDRESS
	certificate body was r rs: (1) An a D.O.A. at c ased prior	HEARL COTMAN, M.D.	union memorial thospital
	F-4 0 0 -	KEMO VAL (Specify)	totales
		Burial Dec 10.1970 Sacred Heart C	
	This certiful the body shows: (1) was D.O. deceased written a	DEC 9 1970 Cabe & Jacker & D.	PRI SANDER & SONS.INC. Baltimore Md.
		VS 150-REV. 1/1/68	Beltimore Md.

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INDICATE DATABASE AND ADDRESS.

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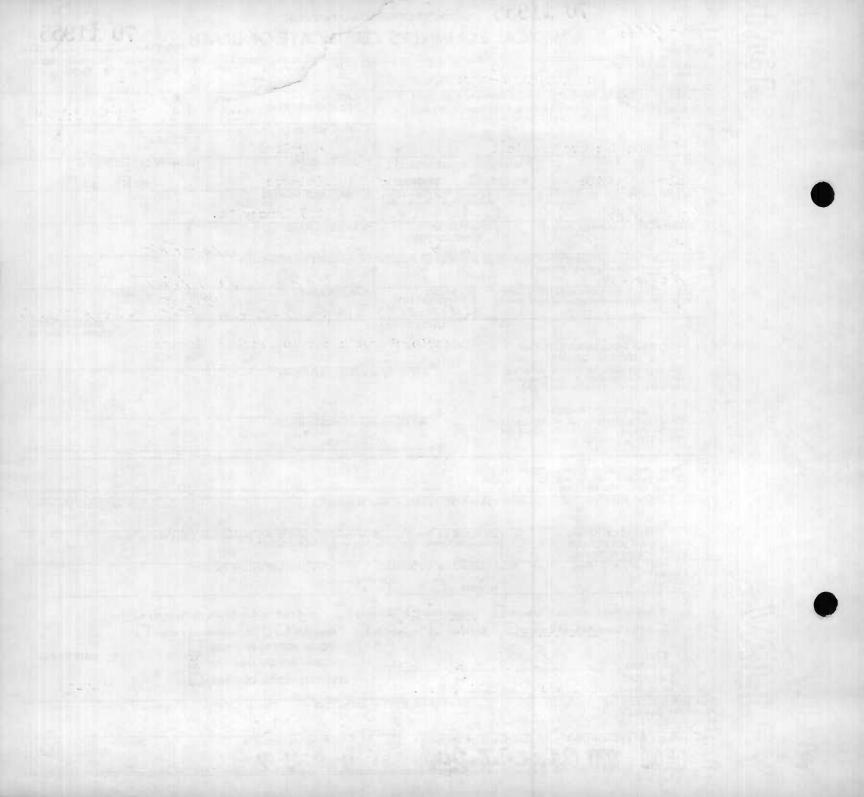
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70 11954 MEDICAL	EXAMINER'S		OF DEATH	REG. NO. 70 11954
NAME OF DECEASED (SABRINA MALLY POPULATION) SABRINA GAI	RIE GABRIEL	2. DATE Known OF DEATH Estimate	☐ Month	Day Year Hour
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) WHERE PROUD (IF NOT IN HOSPITAL OR INSTITUTION) ADDRESS OR LOCATION)	NOUNCED DEAD	3. DATE PRONOUNCED DE	AD 12	Day Year Hear 1970 10:30 %
City Hospital		Marylan	nd 💆	d. If Institution: residence before admission) COUNTY
female white widows	D NEVER MARRIED	Dundalk	21222	YES NO A
July 2.1970 lost birthday)	f Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.	E. STREET AND NUM 6725 Thr		YES NO [=]
Baltimore Md.	2. CITIZEN OF WHAT COUNTRY?	Vaughn Ho	ward Gabr	iel
4A.USUAL OCCUPATION (Give kind of work 148. KIND one during most of working lile, even il retired) NONE			N NAME garet Cat	alanio
S. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no or unknown) (if yes, give war or dotes of service) NO 19.	17. SOCIAL SECURITY NO. NONE	Mr. Mrs.	Vaughn H.	ADDRESS Gabriel alk Md. 21222
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart lottle, osthenia, etc. it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A).	(B) perfor DUE TO, OR A	AUSE Shock an S A CONSEQUENCE OF: Pation of sto AS A CONSEQUENCE OF TO ingestion		
20A. DATE OF OPERATION 20B. CONDITION FO	OR WHICH OPERATION WA	S PERFORMED		21. AUTOPSY? (Yes or No) yes
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 12-6-70 20 m 1 certify that I held an Inquiry	Inspection Aut Accident Suicide M.D.	white In	6725 To INJURY OCCUR? gested sham t on this basis, de Undetermined ICAL EXAMINER ICAL EXAMINER	npoo ath in my opinion d manner DATE SIGNED
4A. BURIAL CREMATION, 24B. DATE EMOVAL (Specify)	24C. NAME of CEMETERY		24D. LOCATION	(City, lown, or county) (Stote)
Buriel Dec. 9.1970 5A. DATE REC'D BY HEALTH DEPT. DEC. 9 1371 Pobe & E. 4	Woodlawn Ce	25C. FUNERAL D	Baltimore RECTOR ANDER & SO	ADDRESS

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VS 151-REV. 1/1/68



70 11956 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO 1. NAME OF DECEASED 2. DATE Known [] Doy Year Hour (Type or Print) EVELYN WHITWORTH Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Yeor Hour - Month Day PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 1970 aM : 12 11:25 HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) B. COUNTY Maryland General Hospital (DOA) Maryland C. CITY OR TOWN 6. SEX 7. RACE D. INSIDE CITY LIMIT 8. MARRIED NEVER MARRIED female Baltimore negro WIDOWED YES X NO DIVORCED If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 9. DATE OF BIRTH 10. AGE (In years lost birthdox) Months | Doys , Hours | Min. 637 N. Paca St. 13. FATHER'S NAME 11, BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 4500 Li 14A.USUAL OCCUPATION Give kind of work 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done dyring most of working life, even if retired) OUSE WIFE 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)[(if yes, give wor or dates of service) 18. INFORMANT SOCIAL SECURITY NO. APPROXIMATE INTERVAL CAUSE OF DEATH 19. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Fatty metamorphosis of the liver LEADING TO DEATH (This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. it means the disease, injury or complication which coused death.) DUE TO, OR AS A CONSEQUENCE OF: **ANTECEDENT CAUSES** (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION | 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) yes 228. PLACE OF INJURY (e.g., in or obout 22C, WHERE DID (If in Baltimore City, give exact location) home, farm, loctory, street, office bidg., etc.) INJURY OCCUR? **₹ 22A.** EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Year)

OF INJURY NOT WHILE WHILE AT (APPROX.) WORK AT WORK 23. Inspection ____Autopsy X I certify that I held an Inquiry ond that on this basis, death in my opinion resulted from: Natural causes Accident Suicide __ Homicide __ Undetermined manner CHIEF MEDICAL EXAMINER

M.D.

24C. NAME of CEMETERY OF CREMATORY

Isidore Mihalakis, M.D.

258 NAME OF REGISTRAR

248. DATE

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

24D. LOCATION

DATE SIGNED

(Stote)

12-7-70

(City, town, or county)

VS 151-REV. 1/1/68

REMOYAL (Specify)

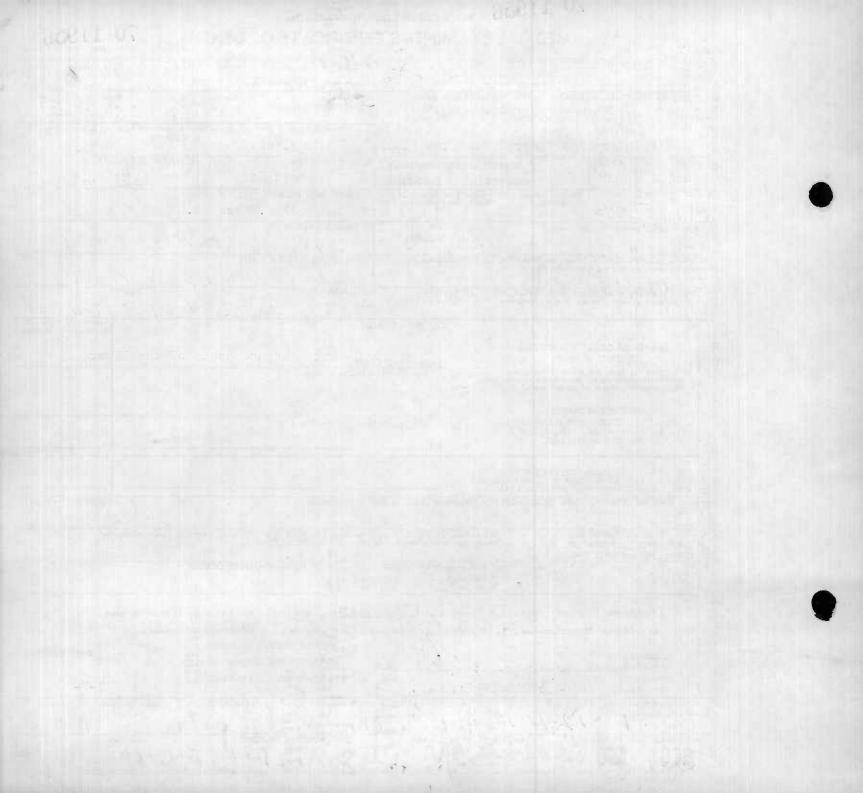
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EXAMINER'S

NAME (Type) 24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT.



BIRTH NO. CERTIFICA	TE OF DEATH REG. NO. 70	11957
1. NAME OF DECEASED IType or Print) GUENTHER, HARRY CHARLES	2. DATE AND HOUR OF DEATH	1,1,5
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DECEMBER 6, 1970 4. USUAL RESIDENCE IWhere deceased lived, If institution: resident A. STATE B. COUNTY	ce before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	11 110 - 110 0 110	227 53 - 0
ST AGNES HOSPITAL	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ио 🔀
# CATON & WILKENS AVENUES BALTIMORE, MARYLAND 21229	E. STREET AND NUMBER 103 WAELCHLI AVENUE	23
MALE WHITE WIDOWED DIVORCED	1 10/12/84 86	Il Under 24 Hrs. Hours Min.
10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even it relired) SECRETARY-TREASURER Wm. F. Zeller Co.	11. BIRTHPLA CE (State or foreign country) 12. CITIZEN C	S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JULIUS GUENTHER	ELIZABETH (GUENTHER)	
5. Was Decoased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADD	RESS
SECURITY NO.	BALTO MD 21229 ST AGNES RECORDS CATON & WI	LICENC AND
18, 2 6 7 9 1 CAUSE OF DEAT		LKENS AV
UNDERLYING CONDITION IOSL (C)	Diabetes Mullitus A CONSEQUENCE OF:	
AT IDISEASE OF CONDITION CIVEN IN PART 1 /AL	120A ALTYORYS IV. AND SOR IT WAS	
WAS PERFORMED	20A AUTOPSY? IYOS OF NO. 20B. IF YES, WERE FINDINGS CONSIN CERTIFYING CAUSES OF DEATH	SID ERED 1?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in dame, form, factory, street, of the plant of th	ice bldg., INJURY OCCUR? (If In Boltimare City, give exect	l location)
OF INJURY (APPROX.) (Month) IDay) IYear) (Hour) 21E INJURY OCCURRED While At Not While At Not Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (X) (this hospital) attended the deceased fram NO	VEMBER 30 19 70 to DECEMBER 6	19 70
that ()) (we) last saw the deceased alive on DECEMBER 6	19and that In (my) (aur) apinian death acc	urred an the date
and haur and from the causes stoted above. (1) (We) (did) (did Nov) vi	lew the body after death.	
23A. SIGNATURE	23B, DATE SIGN	. 70
DEGREE .	3D. ADDRESS BALTO MD 21229	,
S. CHITTCHANG. M.D.	ST AGNES HOSPITAL, CATON & WI	
Burial 12-9-1970 Loudon Park Cemeter of CEMETERY OF CRE	1011/1 1011/4 01 00011	ly) [State)
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR		DDRESS
DEC 9 1970 Pales & Jabes M. S.	Howard H. Hubbard, 4107 Wilkens	

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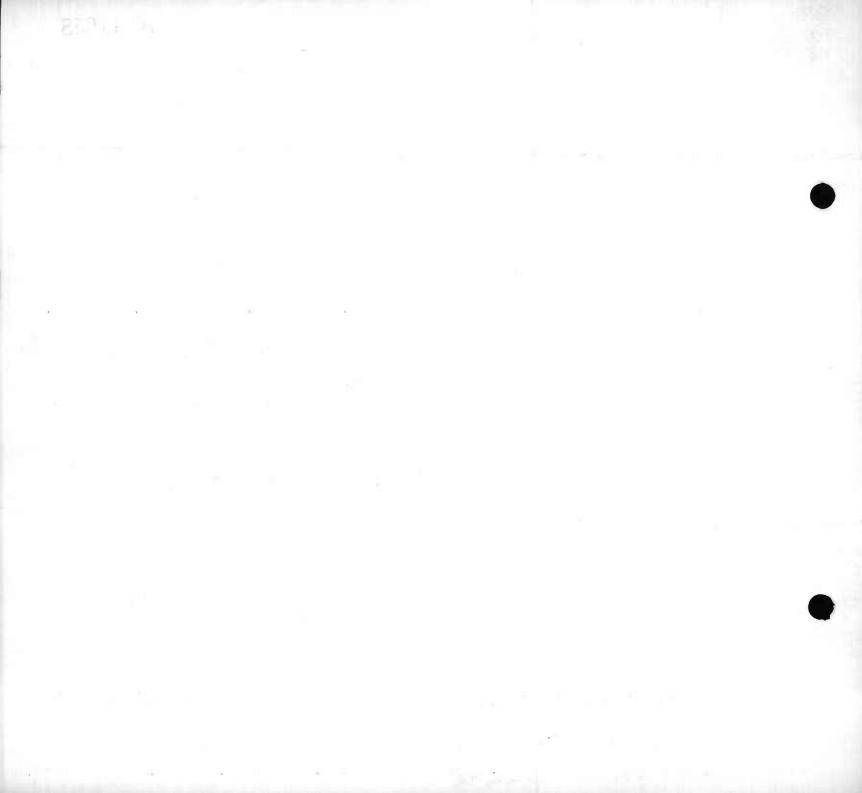
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IMPORTANT

DIRECTOR:

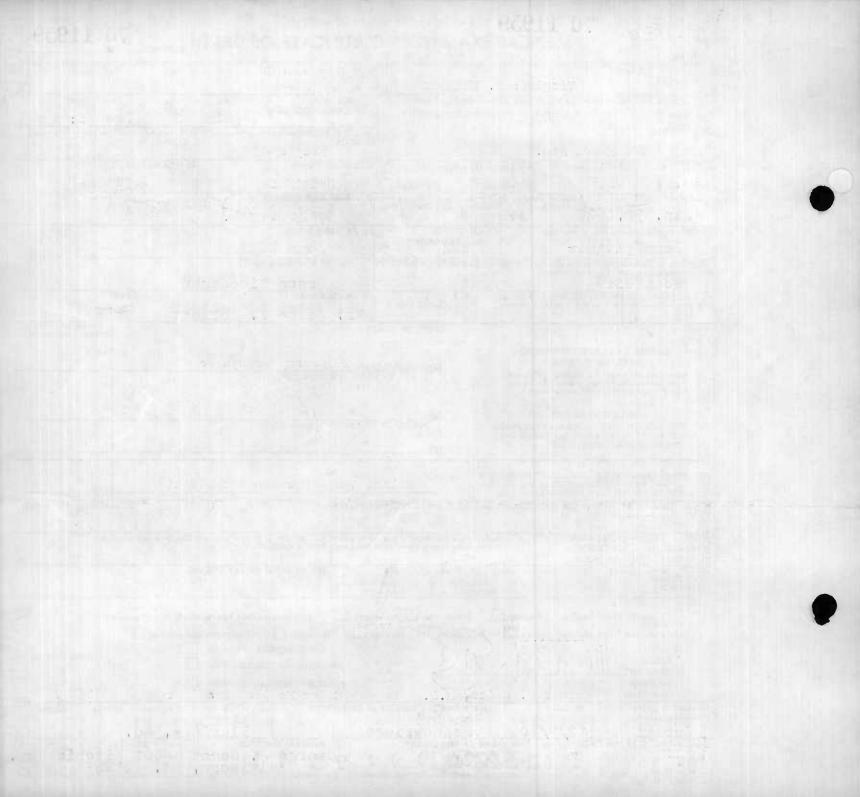
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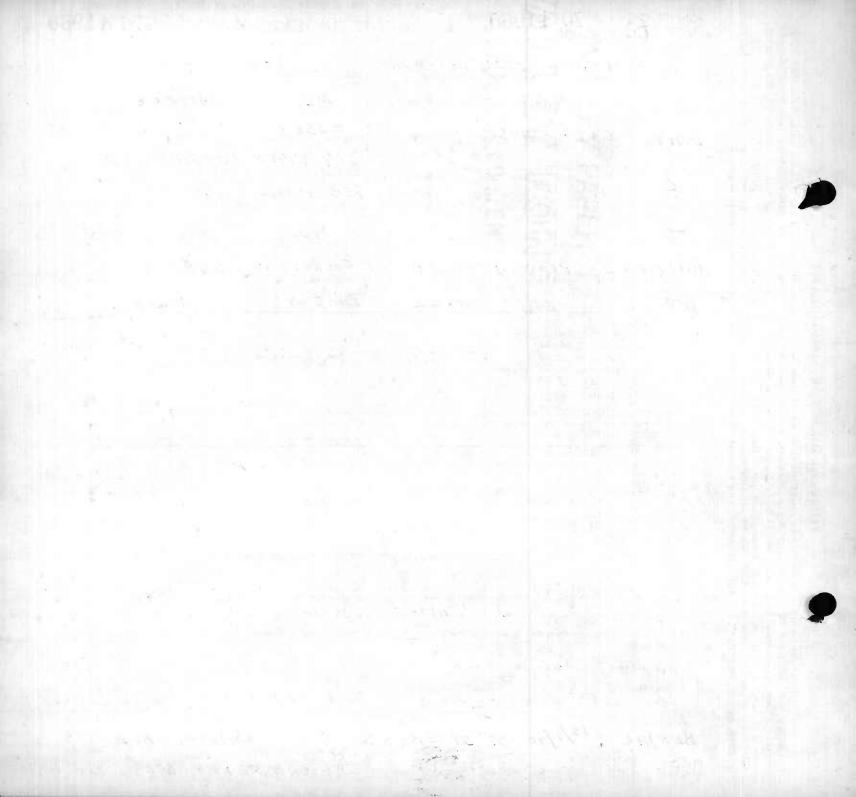
0 11959	BALTIMORE CITY HEALTH DEPARTMENT
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アイコウン	DALTIMORE CITT	ICALITY DELAKTALITY		MO	4405
EDICAL	EXAMINER'S	CERTIFICATE OF D	EATH PEG NO	10	1195

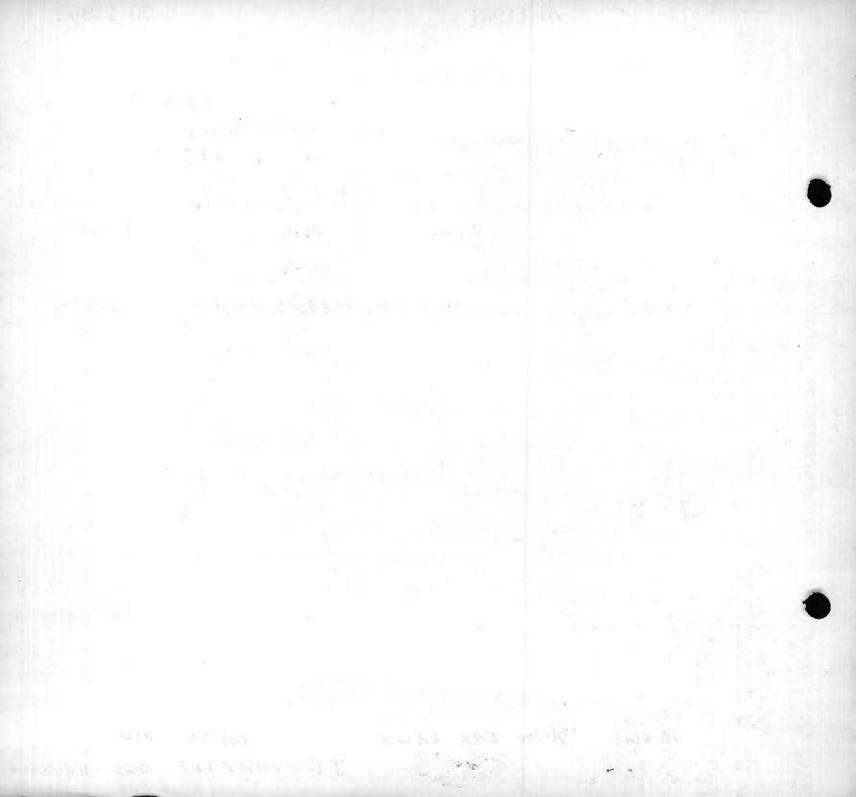
11	1-90	MEI	DICAL EX	CAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO		TTO	70
-	ME OF DEC	FASED			2. DATE	Known [X	Month	Doy	Year	Hnur	
	or Print)		inia P.	Mellott	OF DEATH	Estimoted 🔲	Mann	20,			44
4. PL	ACE IN BAL	TIMORE, MARYLAND,			3. DATE		Month	Doy	Year	Hour	М.
HOSP	NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITUTION	ON, GIVE STREET		SIDENCE (When	12	3	70	5:05	р м.
1	· ~	09 Maude Ave			A. STATE	Maryland	a accepted in	B. COUNTY	25	-3	4
6. SE	Х	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS?		
fe	emale	white	WIDOWED		Ва	ltimore			YES XX	NO 🗌	
9. DA	TE OF BIRT			nder 1 Yr. Il Under 24 Hrs. hs Doys Haurs Min.	E. STREET A	ND NUMBER					
	Jan. 3	30,1920 ost birthd	50	is obys incors i min.	60	9 Maude	Ave.				
11. BI	RTHPLACE (S	tate or foreign country)		ITIZEN OF	13. FATHER	SNAME					
		sylvania		VHAT COUNTRY?		John Dul					
I4A.U	SUAL OCCU	PATION (Give kind of wor	148. KIND OF	BUSINESS OR INDUSTR	15. MOTHE	S'S MAIDEN NA	ME				
done d	House	varking life, even if retired)	Но	me	(race Ni	codem	us			
16. W	AS DECEAS	ED EVER IN U.S. ARME	D FORCES?	17. SOCIAL SECURITY NO.	18. INFORA				ADDRESS		
	N O	(If yes, give war or dotes	ot service)	SECURITY NO.	Mr.	Jesse F.	Mell	ott	Same		
19		1 V. X 2	134	CAUSE OF DEA					AP	PROXIMATE I	
	DICEAG	CONCONDINGNI DIO	POTIN						DEIW	EEN UNSET	AND DEATH
		E OR CONDITION DIRI LEADING TO DEATH	ECILY		TAUES PILLS	nonary em	ohvsema	9			
	(This does n	al mean the made of d	ying, e.g.,		AS A CONSEQ		711,700	1			
	injury or con	, asthenia, etc. It means th aplication which coused do	eolh.)								
		NTECEDENT CAUSES	TY GIVING	DUE TO, OR	AS A CONSEC	DUENCE OF:					
	RISE TO THE	OR CONDITIONS, IF AN E ABOVE CAUSE (A) ST. NG CONDITION LAST.	ATING THE	555 (6, 5)							
Z	ONDEKLIII	NG CONDITION LASI.		(c)							
Ę.		II									
CERTIFICATION	TO THE DE	IFICANT CONDITIONS C ATH BUT NOT RELATED TO	THE TERMINAL	Alco	ohol and	Doriden	intox	ication			
E		CONDITION GIVEN IN							D) 41/70	PSY? (Yes	an Na
8	DA. DATE OF	OPERATION 208. CC	NDIIION FOR	WHICH OPERATION W	AS PERFORM	ED			ZI. AUIO		or No)
المالية							44. 2 4.			yes	
일	INDERLYING	NAL CAUSE WAS OF CONTRIB- USE OF DEATH.	home	PLACE OF INJURY (e.g., , farm, loctory, street, olfic	in or about 2 e bldg., etc.) il	UURY OCCUR?	(If in Baltima	re City, give e	xact location)		
∑ 2	2D. TIME		or) (Hour) 2	2E.INJURY OCCURRED	2	2F. HOW DID IN	JURY OCC	UR?			
10	APPROX.)				WHILE VORK						
2:	3,										
	1 cert	Ify that I held an	Inquiry	Inspection Au	topsy	and that on t	his basis,	death in m	y opinion		
	resul	ted from: Notural ca	Uses XX	ccident Suicie	ie Ho	micide 🔲	Undetermi	ned manner			
		1111.	1	1.5		CHIEF MEDICAL	EXAMINER			DATE 616	ALED
	SIGNAT		2/10/	M.E	ASSI	STANT MEDICAL	EXAMINER			DATE SIG	MED
	EXAMIN		1011	m.i		CIATE MEDICAL	EXAMINER				
ш	NAME (U. Spit			lef Medic			1	2/4/7	0
REM	BURIAL CRE	fy)		C. NAME of CEMETERY		RY 24D.	LOCATION		wn, or county) (St	ote)
	Buria]		70	Meadowride	ge	11015041 01050		dge, l			
25 A.	DAIE REC'D	BY HEALTH DEPT.	- 0 Ai	OF REGISTRAR		UNERAL DIRECT			ADDRESS 01. Rit	chie	Hev
	DEC 9	1971 (6 Beal	E Jaba	3 7600	1 30	Bal	imore	. Md.	21.22	5	1.61
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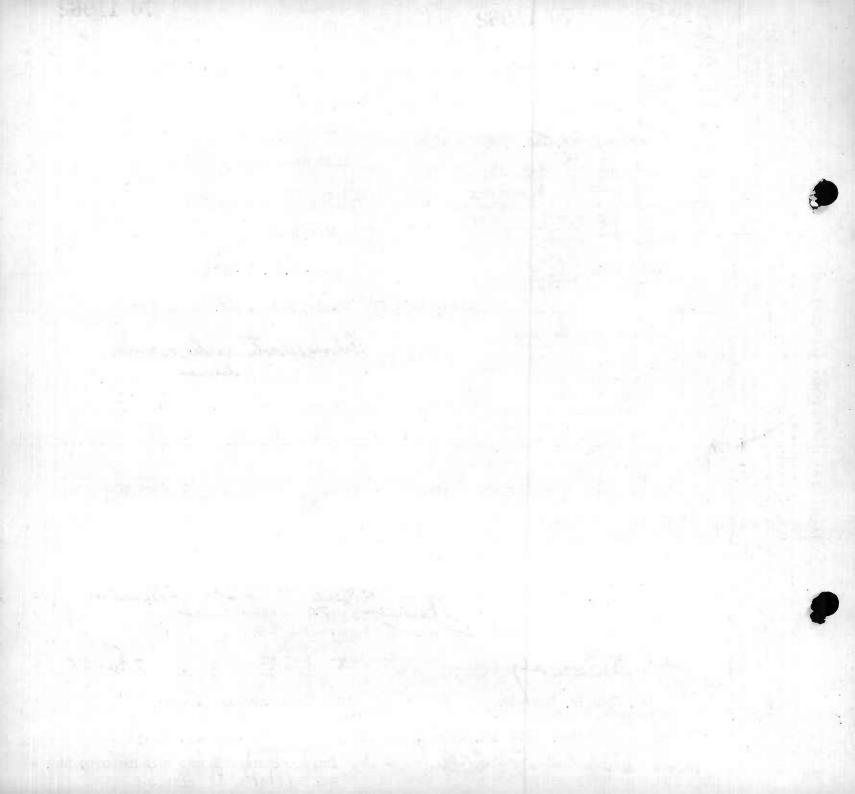


- / 7	n_{12} 70	11961 BALTIMORE CITY	HEALTH DEPARTMENT	70 11961
//	1 000	CERTIFICA	TE OF DEATH X REG. NO	10 Troor
	TH NO. AME OF DECEASED		2. DATE AND HOUR OF DEAT	Н
	e or Print) Martin Joh	n F	7 Decomber 1	()
3. P	PLACE IN BALTIMORE MARYLAND.	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If	
			A. STATE B. COUNTY	- M. 100
HO	SPITAL OR ADDRESS OR LOG	ITAL OR INSTITUTION, GIVE STREET	Maryland BALT	
INS	NOITUTION	•	Baltimore QUATERS	YES NO X
n	ohns Hopkins No	Sortal	E. STREET AND NUMBER	YES NO X
7	some itelline cu		Rt. #14, Box 654	
5. \$	EX 6. RACE	7- MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in years	If Under 1 Yr. , If Under 24
	mw	WIDOWED DIVORCED	8-7-13 lost birthday	Months Doys Hours Mi
tóA.	. USUAL OCCUPATION (Give kind of wo		11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COU
done	during most of working life, even if retired		4 6	1150
10	PATRICIA MATERIA	0/1	M_1D_1	USA
13. [FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	William J. Mart:	in	Carrie Strohecker	
15. V	Wos Deceased Ever in U. S. Armed F , no or unknown) (If yes, give war or do	orces? 1 6. SOCIAL oles of service) SECURITY NO.	17. INFORMANT	ADDRESS
	VNK	212-10-5835	ELEANOR MARTIN	ABOUE
_	18. 30 5 () 1	CAUSE OF DEAT	, , , , , , , , , , , , , , , , , ,	APPROXIMATE INTERV
CAL CERTIFICATION	DISEASES OR CONDITIONS, if ise to the above couse (A UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P. 19A. DATE OF OPERATION 19B. CO WAS PERFORMED TO THE CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ONTRIBUTING THE TERMINAL ART 1 (A). NOTITION FOR WHICH OPERATION ERFORMED	n or about 21C, WHERE DID (If in Baltim	
ā	21 D. TIME (Manth) (Day) (Yea	r) (Haur) 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
5	OF INJURY (APPROX.)	While At Not While Work At Work		
	22. I certify that (1) (this hasnit	al) attended the deceased from 1		19 [
	that (I) (we) last sow the decea		19 70 and that in (my) (our) a	
		roted abave. (I)((We)()did) (did not)		
	and haur and from the causes st	Tored dudve. (I)((ne)(yald) (did not) (view the pady offer death.	23 B. DATE SIGNED
1	randalous dinkr 1	1 1 1	ending Med. Staff	
	1 111/2 1-			
1	WHAN	OEGREE Phy	s. L. Director L. Phys. L.	12/1/10
7	23C. PHYSICIAN'S NAME (Type)	OEGREE Phy	23D. ADDRESS	
7	23C. PHYSICIAN'S NAME (Type)	OEGREE Phy		
	NAME (Type)	OEGREE Phy	JOHNS HOPKINS HOSP	TTAL
	NAME (Type) (ST. TPM 1-1 BURIAL CREMATION, 248. DATE REMOVAL (Specify)	OEGREE Phy OEGREE OEGREE 24C. NAME of CEMETERY of CRI	23D. ADDRESS JOHNS HOPKINS HOSP. EMATORY 24D. LOCATION	ITAL (City, town, or county) (SIG
24A	NAME (Type) (D.T. L. TAM) BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL 12/10	OEGREE Phy OEGREE PHY OEGREE	23D. ADDRESS JOHNS HOPKINS HOSP. EMATORY 24D. LOCATION	ITAL (City, town, or county) (SI
24A	NAME (Type) (D.T. L. TAM) BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL 12/10	OEGREE Phy OEGREE OEGREE 24C. NAME of CEMETERY of CRI	JOHNS HOPKINS HOSP	ITAL (City, town, or county) (S)



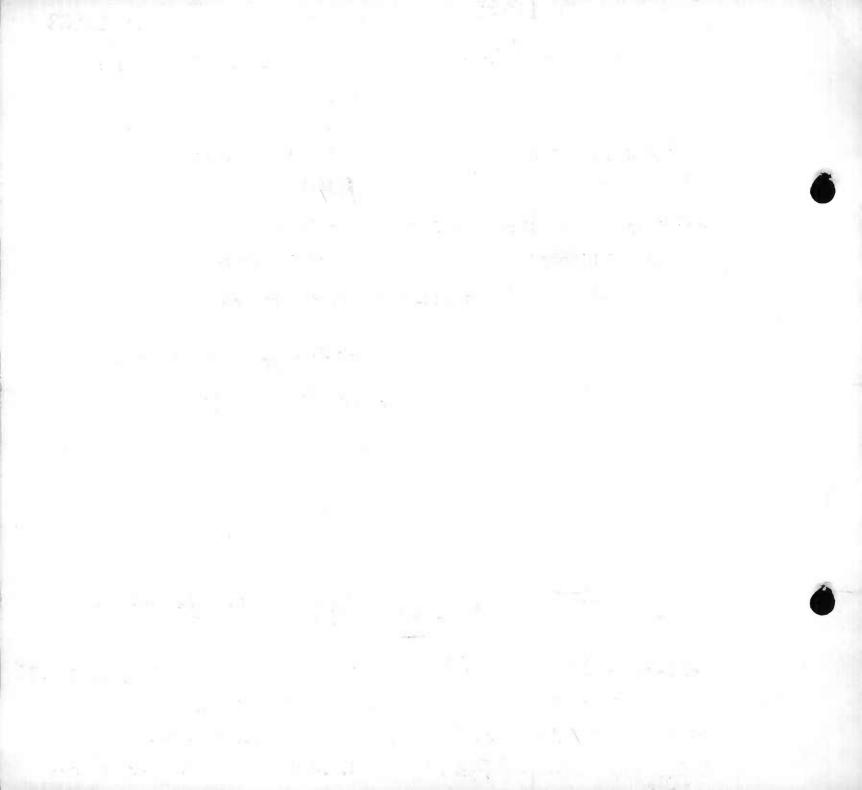
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News



FUNERAL DIRECTOR: IMPORTANT

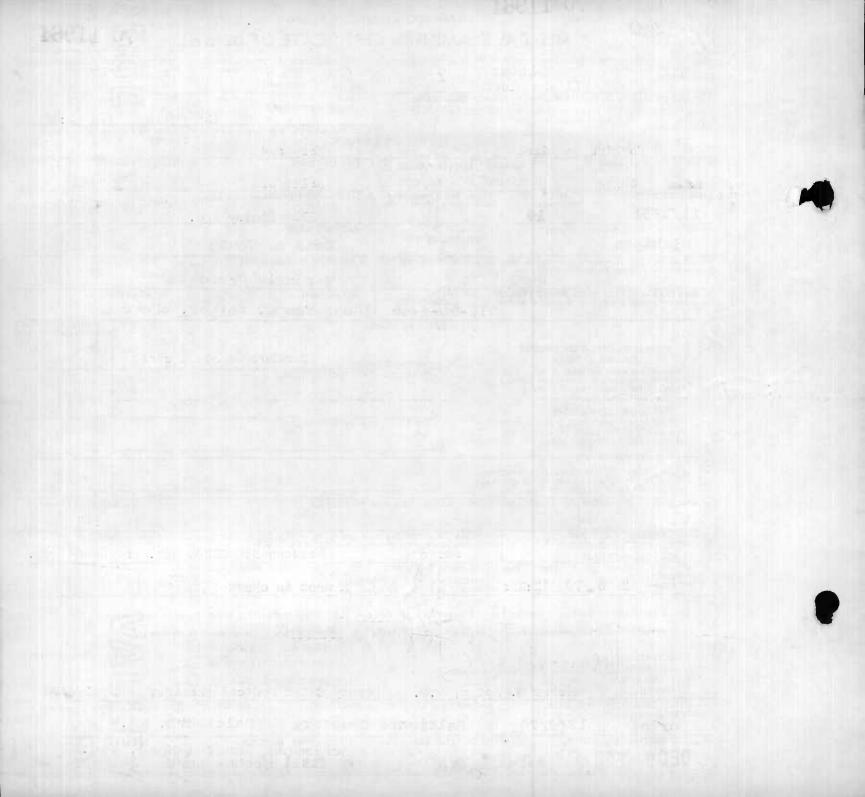
N-526 70 11	963 BALTIMORE CITY CERTIFICA	HEALTH DEPARTMENT	REG. NO	70 11963
1. NAME OF DECEASED (Type or Print) GEORGE NELSO	N NINGARD		5, 1970	12:15 RA
3. PLACE IN BALYIMORE, MARYLAND, WHERE	PRONOUNCED DEAD		ere deceased lived If in	astitution: residence before admission
HOSPITAL OR INSTITUTION	INSTITUTION, GIVE STREET	c.city or town	D. INSI	IDE CITY LIMITS?
3108 Juneau Place		E. STREET AND NUMBER	au Palce	1E3 MO
M WID	ARRIED NEVER MARRIED OWED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. K done during most of working life, even if retired) UPERVISOR	ind of Business or Industry ty B of Tests	Maryland	leign country)	12. CITIZEN OF WHAY COUNTRY
George E Ningard		14. MOTHER'S MAIDEN NA Mary E Os	bourn	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! If yes, give wor or doles of st Yes WW2	16. SOCIAL SECURITY NO. 217-03-4841	Family re	cords	ADDRESS
LEADING TO DEATH (This does not mean the made of dying heart foilure, asthenia, etc., it means the dinjury or complication which caused death, ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, rise to the above cause IA) station UNDERLYING CONDITION last.	giving DUE TO, OR AS (C)	CONSEQUENCE OF:	carbiel and	xx+xx
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20 A. AUYOPSY? (Yes or N	o) 208. IF YES, WERE F	PINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONYRIBUYING CAUSE OF DEATH (notify medicol exominer)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21C. WHERE DID	(If In Boltimore	e City, give exoct locotion)
21D.YIME (Month) (Doyl (Yeo) (House (APPROX.)	While At Not While Work At Work	21F. HOW DID IN	JURY OCCUR?	
22. I certify that (I) (this hospital) atterthat (I) (we) last saw the deceased ally	e an New 28	and th	natin (my) (out) apin	alan death accurred an the date
and haur and from the causes stated about 23A. SIGNAYURE 23A. PHYSICIAN'S NAME (Type)	DEGREE Phys.	ew the bady after death. ding Med. Director 3D. ADDRESS	Shaff Phys.	Decomber 7, 1971
KEMO VAL (Specify)	OF MD OF CEMEYERY OF CREATERS	MAYORY 24D. L		y, town, or county) (Stote)
Burial 12/8/70 5A. DAYE REC'D BY HEALYH DEPY. 25B. N	Parkwood Cem.	25C FUNERAL DIRECTO	1timore, M & SON 8802	d. ADDRESS Harford road



3331 Brehms Lane

1

VS 151-REV. 1/1/68



VS 150-REV, 1/1/68

NO T

If Under 24 Hrs.



24C. NAME of CEMETERY or CREMATORY

edar flill em

25B. NAME OF REGISTRAR

Jackey 150

24D. LOCATION

25C. FUNERAL DIRECTOR

Balto Md

1 Keny Inc 1600 Hollins St

(City, town, or county)

(Stote)

24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

Durial

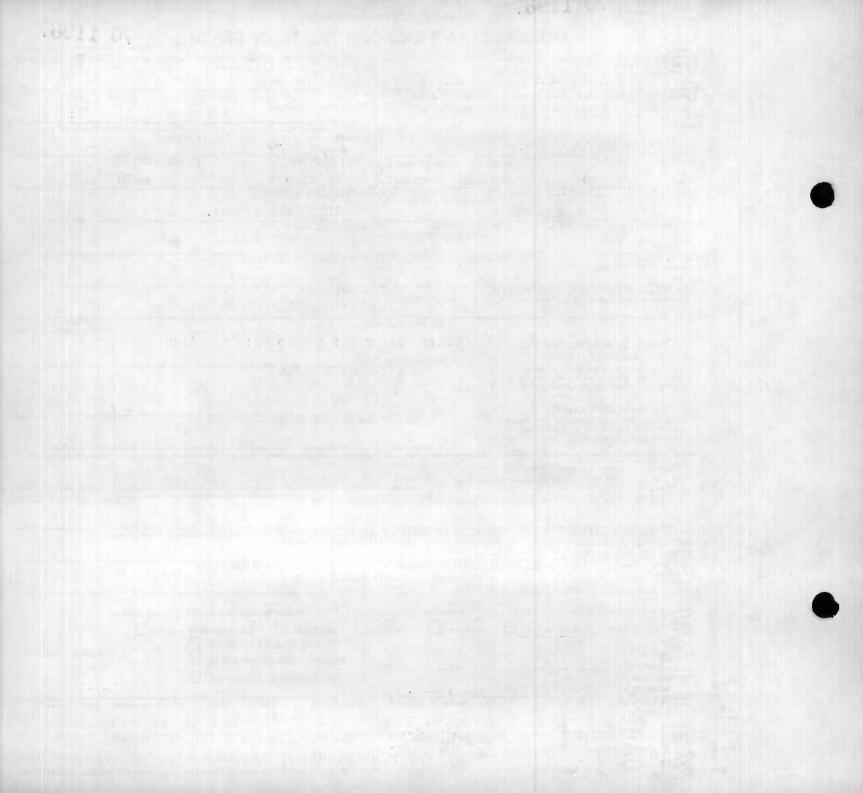
VS 151-REV. 1/1/68

24B. DATE

12-11-70

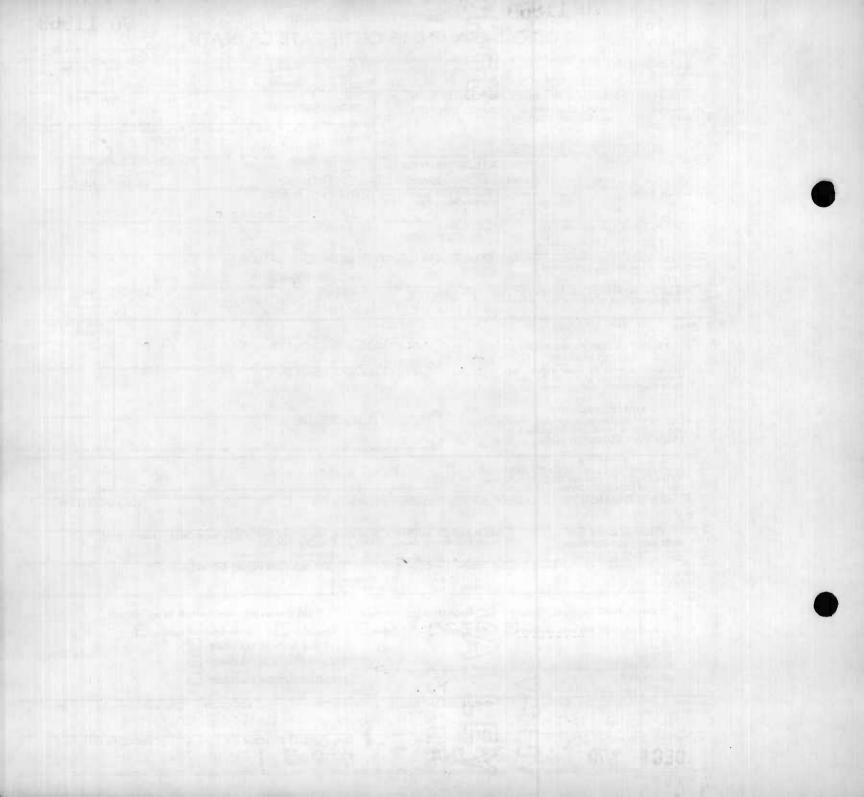
12/10/70 - Letter from M.E.O. /fec

VS 151-REV. 7/1/68



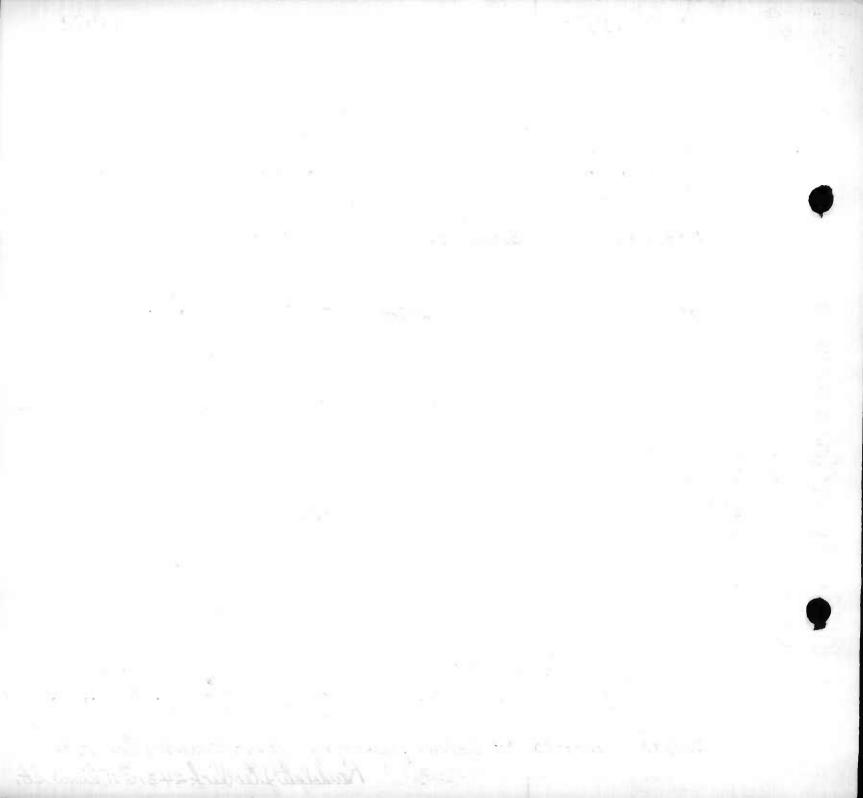
BIRTH NO. WILLIAM DAGNE	ICAL EXAMINER 3	LEKTIFICATE OF	DEATH REG. N	70 11968
	ICAL EXAMINER'S (REG. N	0
I. NAME OF DECEASED Dagner		2. DATE Known	Month Day	Yeor Hnur
ARTHUR CHEI	RRY	DEATH Estimoted		М.
		3. DATE PRONOUNCED DEAD	Month Doy	Yeor Hour
PRINGIPLE OF ADDRESS OF LOCAL	L OR INSTITUTION, GIVE STREET		December 9,	
617 Ensor S	treet 1-12-71	A STATE Maryland	B. COUNT	tion: residence belare admission)
6. SEX 7. RACE	8. MARRIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
Male Negro	WIDOWED DIVORCED	Baltimore		YES A NO
9. DATE OF BIRTH 10. AGE (In		E. STREET AND NUMBER		YES LX NO L
7. DATE OF BIRTH 10. AGE (In lost birthdoy	Months Days Hours Min.	1719 North Car	oline Street	
1. BIRTHPLACE (State or foreign country)	12 CITIZEN OF	13. FATHER'S NAME		
Norfolk, Virginia	WHAT COUNTRY?		herry	
4A.USUAL OCCUPATION (Give kind of work)	AR KIND OF BUSINESS OF INDUSTR			
one during most of working lile, even il retired)				
Laborer	Painter		owdy	
6. WAS DECEASED EVER IN U.S. ARMED Yes, no or unknown) (If yes, give wor or dotes o	service) SECURITY NO.	18. INFORMANT		ADDRESS
no	220-36-2478		N. Caroline	St. 21213
√19. 4 10 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CAUSE OF DEA	TH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECT	Arterio	sclerotic cardio	vascular dis	ease
LEADING TO DEATH	(A)IMMEDIATE (Alice		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	GIVING (B) DUE TO, OR NG THE	AS A CONSEQUENCE OF:		
<u> </u>	(0)			
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAI 20A. DATE OF OPERATION 20B. CON	HE TERMINAL PULMON	ary Tuberculosis		
20A. DATE OF OPERATION 20B. CON		AS PERFORMED		21. AUTOPSY? (Yes or No)
				no
UNDERLYING OR CONTRIB-	22B. PLACE OF INJURY (e.g., home, farm, factory, street, offic	In or obout 22C. WHERE DID a bldg., etc.) INJURY OCCUR?	(if in Boltimore City, give	exact location)
		WHILE	JURY OCCUR?	
22D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)	THOUSE THE STATE OF THE STATE O			
OF INJURY	m. WORK AT W	ORK []		
OF INJURY (APPROX.) 23. I certify that I held an Inc	quiry Inspection Au	topsy and that on the	nis basis, death in n	mans .
OF INJURY (APPROX.)	quiry Inspection Au	topsy and that on the Homicide	Undetermined manne	mans .
(APPROX.) 23. I certify that I held an incresulted from: Natural caus	quiry Inspection Au	topsy and that on the Homicide CHIEF MEDICAL E	Undetermined monne	(C)
OF INJURY (APPROX.) 23. I certify that I held an increasely the property of	quiry Inspection Au es Accident Suicid	topsy and that on the CHIEF MEDICAL E	Undetermined monne	mans .
OF INJURY (APPROX.) 23. I certify that I held an incresulted from: Natural cause ACTUAL SIGNATURE EXAMINER'S Ronald N. NAME (Type)	quiry Inspection Au as Accident Suicid	topsy and that on the CHIEF MEDICAL E	Undetermined manne XAMINER XAMINER X	(C)
I certify that I held an incresulted from: Notural caus ACTUAL SIGNATURE EXAMINER'S Ronald N. NAME (Type) 24A, BURIAL CREMATION. 124B, DATE	quiry Inspection Au es Accident Suicid	topsy and that on the Homicide ASSISTANT MEDICAL E	Undetermined manner XAMINER XAMINER XAMINER XAMINER	DATE SIGNED
I certify that I held an incresulted from: Notural caus ACTUAL SIGNATURE EXAMINER'S Ronald N. NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	quiry Inspection Au es Accident Suicid Kornblum, M.D. 24C. NAME of CEMETERY	topsy and that on the Homicide CHIEF MEDICAL E ASSISTANT MEDICAL E ASSOCIATE MEDICAL E OF CREMATORY 24D.	Undetermined manner XAMINER XAMINER XAMINER LOCATION (City, 16	DATE SIGNED 12/9/70 own, or county) (State)
I certify that I held an incresulted from: Notural caus ACTUAL SIGNATURE EXAMINER'S Ronald N. NAME (Type) 24A, BURIAL CREMATION. 124B, DATE	quiry Inspection Au es Accident Suicid Kornblum, M.D. 24C. NAME of CEMETERY	topsy and that on the Homicide ASSISTANT MEDICAL E ASSOCIATE MEDICAL E OF CREMATORY 24D.	Undetermined monner XAMINER XAMINER XAMINER LOCATION (City, R rfolk, Virgi	DATE SIGNED 12/9/70 own, or county) (State)

BALTIMOLIL CITY H	EALTH LUPARTMENT	0 11969
K-163 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	O TIONO
I. NAME OF DECEASED (Robbison)	2. DATE Known Month Day	Yeor Hnur
(ROBBISON) (ROBBISON) (ROBBISON) (ROBBISON)	OF DEATH Estimated	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD December 9,1970	8:00 A.
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, If Institution: residence	
2.3	A. STATE B. COUNTY	dence before odmission)
JOHNS HOPKINS HOSPITAL	Maryland	10-01
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIF	MITS?
Female Negro WIDOWED DIVORCED	Baltimore YES X] NO []
9. DATE OF BIRTH 10. AGE (in years # Under 1 Yr. II Under 24 Hrs.	. IE. STREET AND NUMBER	
12-25-12 lost birthdoy) Months Days Hours Min.	721 E. Chase Street	
II. BIRTHPLACE (State or loreign country) 12. CITIZEN OF	13. FATHER'S NAME	
WHAT COUNTRY?		
Raleigh, N. Carolina U.S.A.	Allen McCleod	
I 4A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR	17 15. MOTHER'S MAIDEN NAME	
Housewife	Abbie Sloan	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (il yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT Mrs. Tillie Hobbs 619 Encor St	\$\$ 21202
no 237-28-2439	Mrs. Tillie Hobbs 619 Ensor St. Floyd Robertson 721 E. Chase St	$\frac{21202}{21202}$
19. 4/10 4. A 1/1 CAUSE OF DEA		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Arteri	osclerotic cardiovascular disease	BETWEEN ONSET AND DEAT
LEADING TO DEATH		
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,	AS A CONSEQUENCE OF:	
Injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Diabe	tes mellitus	
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED [2].	AUTOPSY? (Yes or No)
ō		
Z 22A. EXTERNAL CAUSE WAS 1228 PLACE OF INTURY (6.9.	In or chard 22C WHERE DID (16 to Rollings of City of State of City of City of State of City of Ci	no
UNDERLYING OR CONTRIB. home, form, foctory, street, affice	, in or obout 22C. WHERE DID (If in Boltimore City, give exact local coloring, etc.) INJURY OCCUR?	illon)
T		
OF INJURY		
m. WORK ATV	WHILE WORK	
23.		
I certify that I held an Inquiry Inspection X Au	itopsy and that on this basis, death in my apini	an
resulted from: Natural causes Accident Suici	de Homicide Undetermined manner	
11 12111	CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE / / / / / /	ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
SIGNATURE AND ME	ACCOCIATE ANTRICAL EVALUATION	
NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 12/	9/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or co	ounty) (Stote)
REMOVAL (Specify) transit-burial 12-13-70 Poplar Springs		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR 1/35 Harfordooks	3. ZIZI3
DEC 9 1970 Paleis E. Nathan M. O.	Marchall W. Jones, Jr.	





db	BALTIMORE CITY HEALTH DEPARTMENT
(5) Deceased ance on the death. Such	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 70 11972
200	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
I	Type or Print) HAYWARD BYRD 2 DATE AND HOUR OF DEATH
l	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution, residence below and institution)
l	1,000111
ı	FULL NAME OF ADDRESS OR LOCATION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND (C. CITY OR TOWN)
ł	BALTINORE CITY HOPPITAL
P	4940 Eastern Avenue Baltimore YES NO
1	
1	SEX 6. PACE 17
	Maile Negro WIDOWED DIVORCED 5 27 16 Hours Min.
	0A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	Latorer Steel Co. South Carolina USA
1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
1	
7	Joe Mary
C	5. Wes Deceosed Ever in U. S. Armed Ferces? (es,no or unknown) Uf yes, give wor er dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 4940 Eastern Avenue DRESS
	NO 2/6-18-3794 BCH-Records Baltimore, Md. 21224
	18. / 6 & / 1 CAUSE OF DEATH APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY
	I FARMA TO READA
	(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,
	heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)
	ANTECEDENT CAUSES (B) CARCINOMA LEFT LUNG 1/2 YEARS
	DISCASES OR CONDITIONS, If any, giving DUE TO, OR AS A CONSCOURAGE OF.
	IISE Is line above cause (A) staling the
	ONDERLING CONDITION last. (C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
ATTON	TO THE DEATH BUT NOT RELATED TO THE TERMINAL
A ma	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSYS or No. 20B. IF YES, WERE FINDINGS CONSIDERED
Centres	WAS PERFORMED 20A-AUTOPSYT (Ves or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2	
IV.	INTAIR (notify medical exemple) A / / \ lale \
1	210 YIAFE (AAL (C.) A
AAEI	Of HANK!
	Work AT Work
	22. I certify that (1) (this hospital) attended the deceased from 12/4/70 19 to 12/5/50 10
	The state of the s
	and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
	23A. SIGNATURE
	23B, DATE SIGNED
	Attending Med. Stoff Director Phys. 12-5-70
	23C. PHYSICIAN'S NAME (Type) F. CACTRO MD 23D. ADDRESS 4940 Eastern Ave. Balto. Md. 21224
_	DAITIMORE CITY IMPRITA
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
25	A. DATE RECTO BY HEALTH DEPT. 25B. NAME OF REGISTER 125G. FUNERAL DIRECTOR & ADDRESS
	DEC 9 1970 Pake & Jaken R. 3 Partie Different
	150-8FV 1/1/48



VS 150-REV. 1/1/68

Burias Horres Haw Calvery Every A. A. Car Make Hondied & Collins again & all the

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Catha Linthicum 2	1	70 11974 MEDICAL EXAMINER'S C	100()	11974
Cartha Linthicum	12			
THE NAME OF PROPERTY OF WAS DECASED FOR EAST AND STREET	((Type or Print)	OF	
FULL NAME OF STATE MADRESS OF CANDING ADDRESS OF CASINO STATE ADDRESS OF CONDITION DIRECTLY LINGTH MADRESS OR CONDITION DIRECTLY LINGTH MADRESS OR CONDITION DIRECTLY LEADING TO DEATH (This does no means his mode of dying, e.g., horse long price in the most price and the states of the states	1		DEAIIS	
Union Memorial Hospital SARE NAMERO NEVERMARRIED NEVER MARRIED SARE SARE SARE	1	HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 12 5 7	I M
S. EX	7		A. STATE B. COUNTY	ence before admission)
P. DAIE OF BIRTH P. DAIE OF BIRTH P. DAIE OF BIRTH P. DAIE OF BIRTH P. DAIE OF BIRTH Both byth days Both	1/2			urs?
De la Ce Birth 10. AGE (in years 10. AGE (in years 10. AGE 1				
1.536 Gotsuch Ave. 1.536 G	9		143	NO L
LALISUAL OCCUPATION (Give land of world 14B, KIRD OF EUSINESS, OR INDUSTRY) S. MORREY MAIDEN NAME A WAS DECASED EVER IN U.S. ARMED FORCES? 17. SOCIAL WAS DECASED EVER IN U.S. ARMED FORCES? 17. SOCIAL WAS DECASED EVER IN U.S. ARMED FORCES? 17. SOCIAL WAS DECASED EVER IN U.S. ARMED FORCES? 17. SOCIAL IEA WAS DECASED EVER IN U.S. ARMED FORCES? 17. SOCIAL III. INFORMANT 18. INFORMANT 1	1	2-12-1012 1/n Wall I I		
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10 10 10 10 10 10 10 10	1	Vauchan Va. 7,5,A.	ANdrew Brinkley	
19. CAUSE OF DEATH SECURITY NO. IS. INFORMANT ADDRESS INFORMANT ADDRESS INFORMANT APPROXIMATE WHIEVAL APPROXIMATE WHITE WHIEVAL APPROXIMATE WHITE WHIEVAL APPROXIMATE WHITE	d	4A.USUAL OCCUPATION (Give kind of work 14B, KIND OF BUSINESS, OR INDUSTRY (one-during most of working life, even lifelired)	15. MOTHER'S MAIDEN NAME	
SECURITY NO. SECU	10	Domestic. Attomo		
	0	6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRES	S
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not neem this mode of dying, e.g., industry complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITION LAST. ANTECEDENT CAUSES DISEASES OR CONDITION LAST. ANTECEDENT CAUSES DISEASES OR CONDITION LAST. ANTECEDENT CAUSES DISEASES OR CONDITION LAST. OTHER JUNE OF THE ALOYE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER DEATH BUT NOT BELATED TO THE TERMINAL DEEASE OR CONDITION OF VENT IN PART 1 (A). 22A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNDERLYING O	J.		WILLIAM BRINKLEY 2015 E. HOSE	ManSti
ATTECDENT CAUSE DISEASES OR CONDITIONS IF ANY, GIVING REE TO HE RAIGYE CAUSE (A) STATING TO HE DEATH BUT NOT RELATED TO HE TERMINAL DISEASES OR CONDITION SET ANY, GIVING REE TO HE RAIGYE CAUSE (A) STATING TO HE DEATH BUT NOT RELATED TO THE TERMINAL DISEASES OR CONDITION CHEN IT RAIF I (A). CITY OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 22.A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 22.A. EXTERNAL CAUSE WAS UNDERLYING ON CONTRIB. UNDOERLYING ON CONTRIB. WHILE AT NOT WRITE AT 1 (A). 22.B. PLACE OF INJURY OCCURED OF INJURY (APPROX.) 1. certify that I held an Inquiry Inspection AI WORK ASSOCIATE MEDICAL EXAMINER ACTUAL SIGNATURE EXAMINER'S NAME (Types) WETTER U. SPIZZ, M.D. DEPUTY CHIEF MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMIN	т	CAUSE OF DEAT	н //	
(A) IMMEDIATE CAUSE (This does not man the mode of dying, e.g., heart foliure, oxidenite, etc. if ment the disease, injury or complication which coused doeship.) ANTECEDENT CAUSES DISEASES OR CONDITION, IF ANY, GIVING RISE TO THE REPUBLING CONTRIBUTING TO THE DEATH SUT NOT RELATED TO THE REPUBLING CONDITION ASS. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH SUT NOT RELATED TO THE REPUBLING TO THE DEATH SUT NOT RELATED TO THE REPUBLING TO THE DEATH SUT NOT RELATED TO THE TENANT AND THE THE TO THE TENANT AND T	1		sclerotic cardiovascular disease	
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STAINING THE UNDERLYING CONDITION LASTALING THE UNDERLYING CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SCONTRIBUTING TO THE PERDICAL SCAN IN THE DEATH BUT NOT WHILE AT WORK TO THE PERDICAL SCAN IN THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SCONTRIBUTING TO THE PERDICAL SCAN IN THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SCONTRIBUTING TO THE PERDICAL SCAN IN THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SCONTRIBUTING TO THE PERDICAL SCAN IN THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTION SCONTRIBUTING TO THE PERDICAL SCAN IN THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTION SCONTRIBUTION	Ł			
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH SUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN TART 1 (A) 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- U	1	RISE TO THE ABOVE CAUSE (A) STATING THE	DA CONSEQUENCE OF	
222A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout) 22C. WHERE DID (If in Bollimore City, give exact location) home, farm, lactory, street, office bidg., etc. INJURY OCCUR?	118	C) (C)		
222A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., in or obout) 22C. WHERE DID (If in Bollimore City, give exact location) home, farm, lactory, street, office bidg., etc. INJURY OCCUR?		OTHER SIGNIFICANT CONDITIONS CONTRIBITING		
222A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout) 22C. WHERE DID (If in Bollimore City, give exact location) home, farm, lactory, street, office bidg., etc. INJURY OCCUR?	18	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)		
222A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., in or obout) 22C. WHERE DID (If in Bollimore City, give exact location) home, farm, lactory, street, office bidg., etc. INJURY OCCUR?	15	20 A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	S PERFORMED [2].	UTOPSY? (Yes of No)
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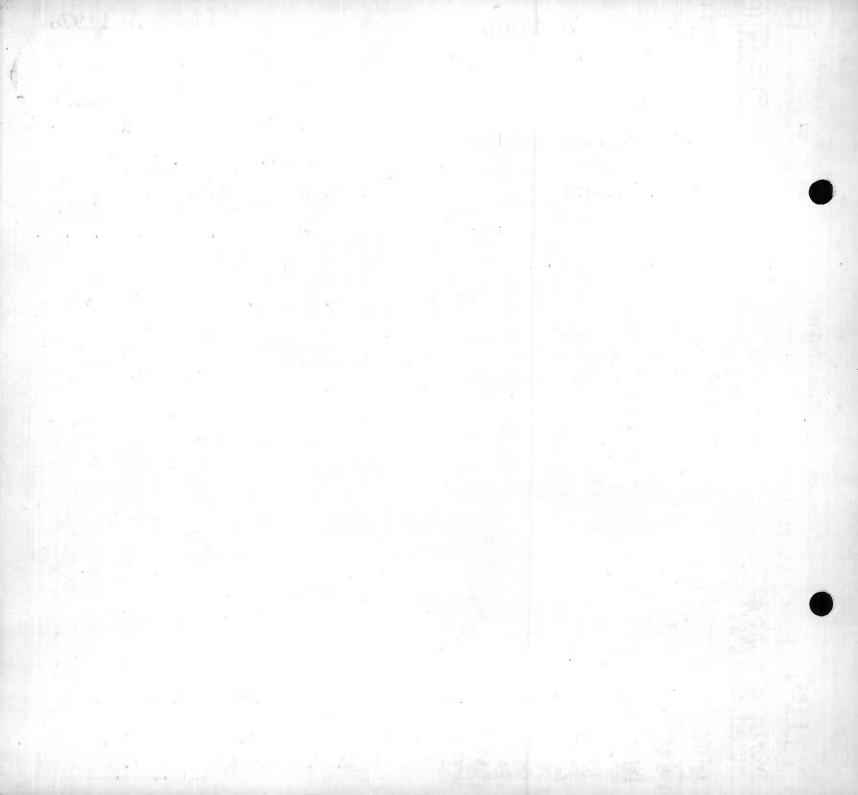
MENT OF Burniar 12-10-70 ME Calvary Cock A. A. Ca. M. A.

When it at 12-14 to NEILE has y commerce there Promotel Co. No.

IMPORTANT

DIRECTOR:

FUNERAL



12-12-1970 Arbutus Memorial Park Baltimore Co.

25C. FUNERAL DIRECTOR

258. NAME OF REGISTRAR

Maryland

ADDRESS

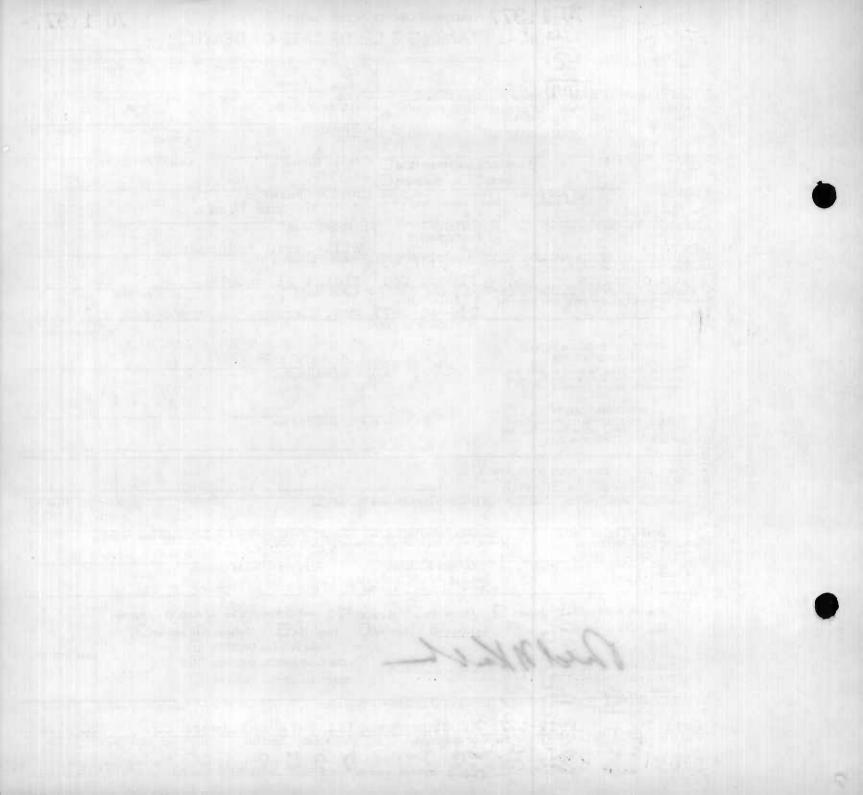
OUTTER FUNERAL HOME 3035 W. NORTH AVE

REMOVAL (Specify)

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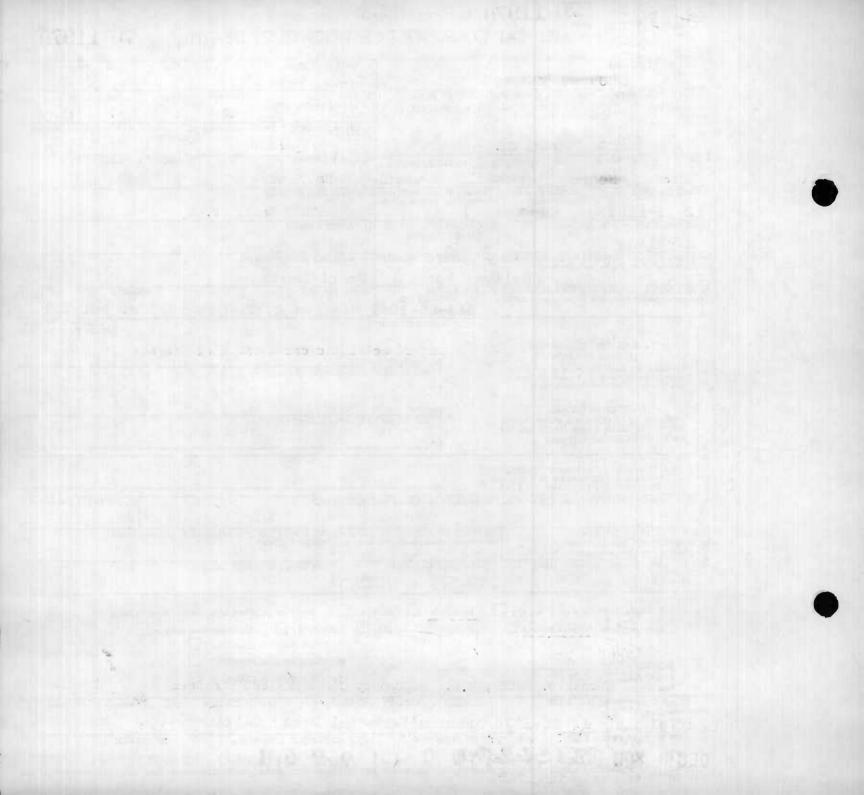
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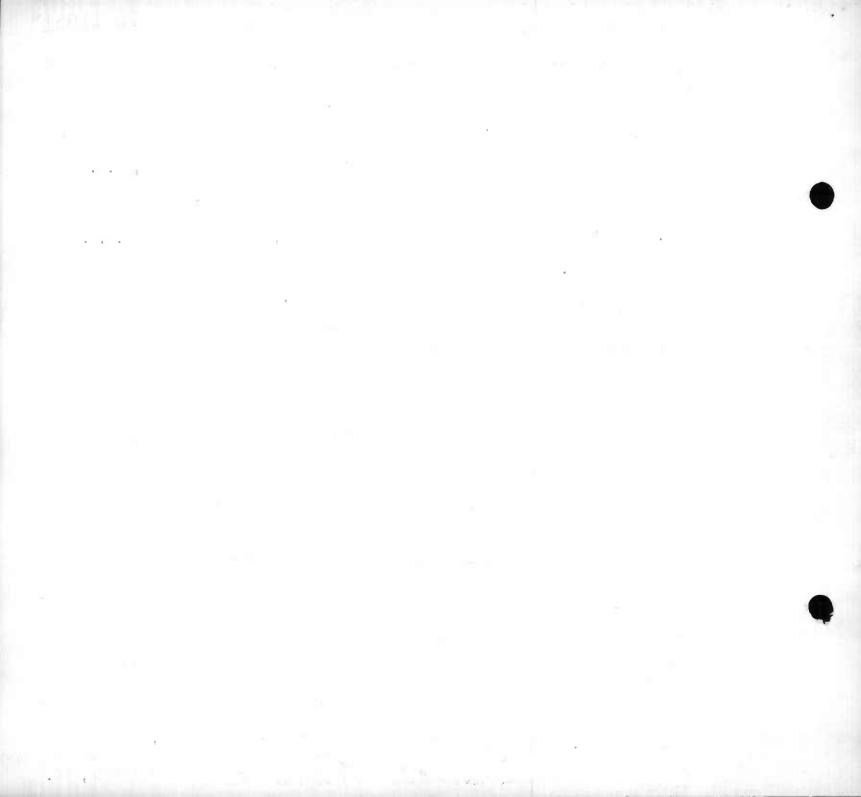
/-520 BIRTH NO.	MEDICA			
		979 BALTIMORE CITY HE	CERTIFICATE OF DEA	TH REG. NO. 70 11979
				REG. NO.
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4. PLACE IN BALTIMORE,			3. DATE Manth	Doy Year Hour
FULL NAME OF (IF HOSPITAL ADI	NOT IN HOSPITAL OR I DRESS OR LOCATION)	INSTITUTION, GIVE STREET	PRONOUNCED DEAD 12	6 70 1:35 a M
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male Ne		OWED DIVORCED	Baltimore	
9. DATE OF BIRTH	10. AGE (In years		E. STREET AND NUMBER	YESX NO 🗆
	iosi birthday)	Months Days Haurs Min.		
12-15-1909	60		1824 Pulaski St	
11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
Maryland		USA	John D. Thomas	
4A.USUAL OCCUPATION (fone during most of working life	Give kind of work 148. KI	ND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME	
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d. WAS DECEASED EVER	N U.S. ARMED FOR	CES? 17. SOCIAL	18. INFORMANT	ADDRESS
	re wor or dotes of serv	CES? 17. SOCIAL SECURITY NO.		
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1.4-1-1	1	CAUSE OF DEA	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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(This does not mean t	he mode of dying, e.	DUE TO ON	AS A CONSEQUENCE OF:	
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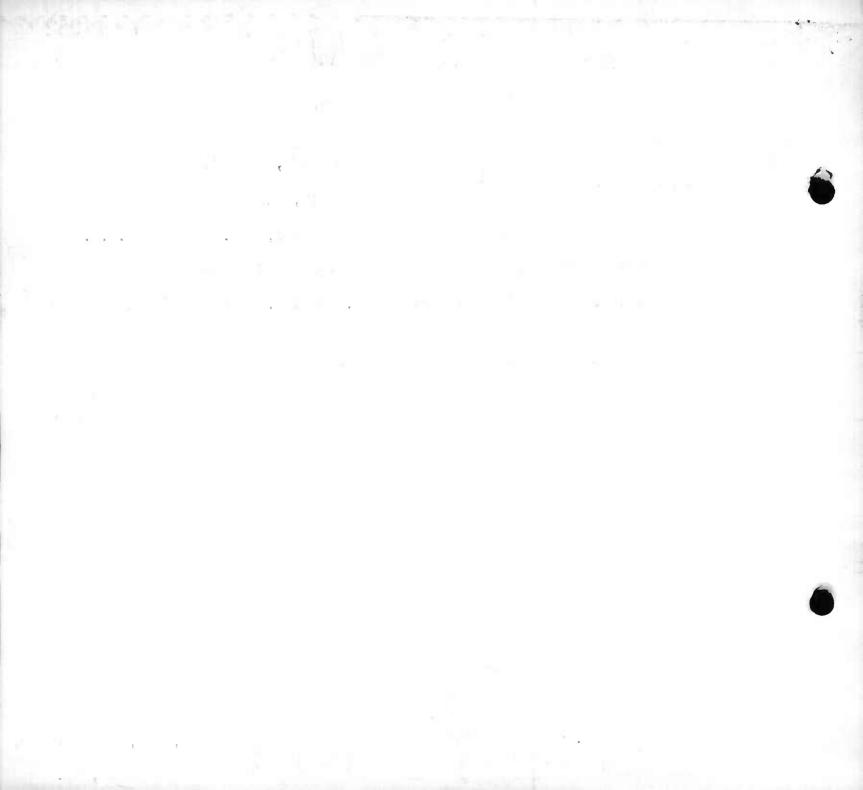
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Berief 12/9/22 Bokemin Gerland Epillan

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	N			- 1	C. CITY OR TOWN		ISIDE CITY LIMITS?
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done during n	nost of working life, e	ven if relired)	INP' KIND OF	BUSINESS OR INDUSTR	111. BIRTHPLACE (Slote or fo	reign country)	12. CITIZEN OF WHAT COUN
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13. FATHER	SNAME				14. MOTHER'S MAIDEN N	AME	U.S.A.
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2 19A. DAT	E OF OPERATION	19B. COND	TON FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES. WERE	FINDINGS CONSIDERED
8			KMED		yes	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. AC	CIDENT WAS UNTIL TRIBUTING CA	DERLYING	21B,	PLACE OF INJURY 10.9.	n or obout 210 WHERE DID		ore City, give exact location)
DEATH (notify medical exa	mined	etc	s rome reciety, street, of	lice bldg. INJURY OCCUR?		
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S OF INJU			While	At Not While	• []	JUNE OCCUR	
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and hou	r and from the c	auses state	d above. (1)	(We) (did) (did not) v	lew the bady after death.		and the district of the distri
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AA. Bunias	SATANI	BE	CUMA	M.V. DEGREE	Md. GFW 4	10,10)	miden Kuc
REMOV	CREMATION, 24	B. DATE	24C. NA	ME of CEMETERY OF CRE			ity, town, or county) (Stotel
BURIA	L D	EC. 10/	20 a GH	EN HAVEN MEM	ORIAL PARKS G	LEN BURNIE	, MARYLAND
SA. DATE R	EC DAY HEALTH	D 216	PARTIE	S S S S S S S S S S S S S S S S S S S	25CI NUMERAL DIRECTE	BURNIE .	INGLETON PENERAL
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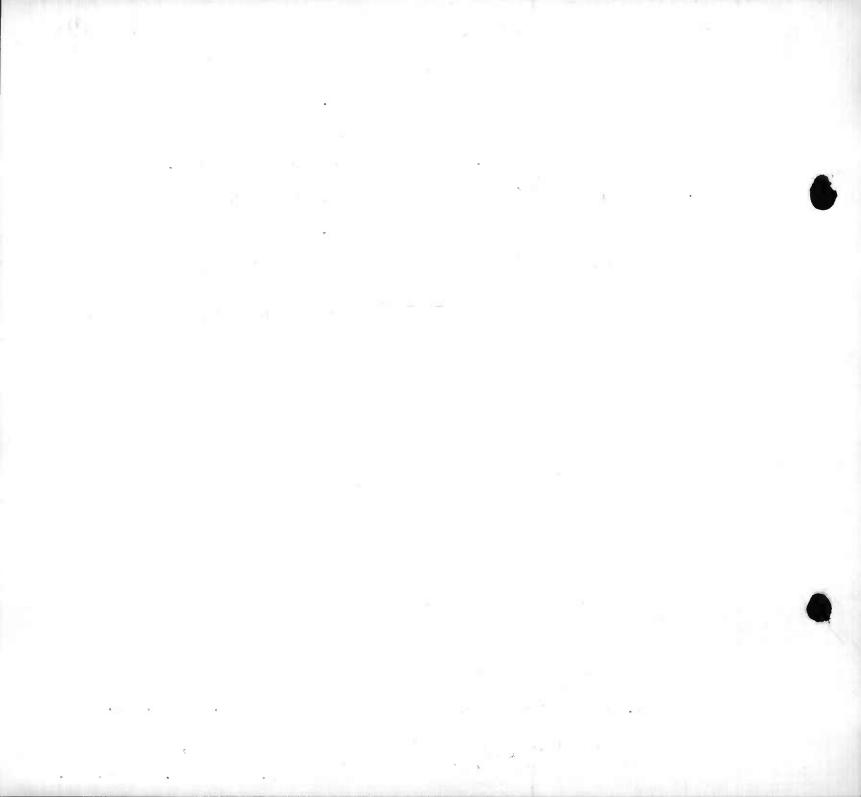
- 10	NAME OF DEC	EASED	11985	CERTIFIC	ATE OF DEATH			11982
	Type ar Print)	Ethel	B. S	SchierzKa		AND HOUR OF DEA		005
1	3. PLACE IN BAL	TIMORE, MARYLAND, V	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	Where deceased lived	If institution: reside	ence before odmi
	FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU	UTION. GIVE STREET	MARYLAND C. CITY OR TOWN	ANNE ARU	NDEL	52-01
	3South	Baltimor	e Gene	eral Hospita	HANDVER		YES	ио €
5	SEX	6. RACE			BOX 1218 k		ROAD	
	FEMALE	WHITE	WIDOWED	NEVER MARRIED DIVORCED	8- DATE OF BIRTH APRIL 17,191	9. AGE (In years lost birthdoy)	If Under 1 Y Months Doy	s Hours M
d	one during most of v	working life, even if retired)	FIRE KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Sigle or	foreign country)	12. CITIZEN	OF WHAT COU
1	HOUSEWO	IRK	DWN	HOME	BALTIMORE	MD.	U.S.	Α.
1	* LYINEK 2 MAY	AE .			14. MOTHER'S MAIDEN	MAME		
Ļ	J	OHN KINST	LER	-	ANNABELL	E SYKES		
(Y	es, no or unknown)	Ever in U. S. Armed For ill yes, give war ar date		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADI	DRESS ame
	no	///////////////////////////////////////		unknown	MR. CYRUS J.	SCHIERZKA	(husbanc	1) #4
	18. 4-2	2,00		CAUSE OF DEA	TH			PROXIMATE INTER
	DISEAS	E OR CONDITION DI	RECTLY		Congestive	Heart Frail	BETWE	EEN ONSET AND D
			dying, e.n.	(A) IMMEDIATE CA	USE A CONSEQUENCE OF:			30 day
	heart (ailure, a	al mean the made al asthenia, etc. Il means plication which caused	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:			
		NTECEDENT CAUSES					ļ	
	DISEASES OF	R CONDITIONS, if	any, giving	(B)	A CONSEQUENCE OF:			***************************************
	rise to the	abave cause (A)	stating the	- 20 10/ 0/17	Selierdelide Ot:		1	
	UNDERLYING	CONDITION Incl		1-1			ſ	
	UNDERLYING	CONDITION last.		(c)	***************************************	******************************		
ATION	UNDERLYING	CANT CONDITIONS COL	IC TODAHALAL	(c)				***************
FICATION	UNDERLYING	CANT CONDITIONS COIL I BUT NOT RELATED TO TO INDITION GIVEN IN PART OPERATION 1198. CON	IE TERMINAL 1 1 (A). DITION FOR W	******************************	20A. AUTOPSY? (Yes or	No) 208 IF YES WE	RE FINDINGS CON	SIDERED
ERTIFICATION	OTHER SIGNIFICATION TO THE DEATH DISEASE OR CO	CANT CONDITIONS COIL I BUT NOT RELATED TO THE INDITION GIVEN IN PART OPERATION 198 CON WAS PERF	IE TERMINAL I 1 (A). DITION FOR W ORMED	HICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING	RE FINDINGS CON CAUSES OF DEATH	ISI DERED
ICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 119A. DATE OF CO 121A. ACCIDENT OR CONTRIBUT DEATH (notify r	CANT CONDITIONS COIL BUT NOT RELATED TO THE PROPERTION BY A CON WAS PERF T WAS UNDERLYING CAUSE OF medical examines	IE TERMINAL I 1 (A). DITION FOR W ORMED	HICH OPERATION		IN CERTIFYING	RE FINDINGS CON CAUSES OF DEATH	
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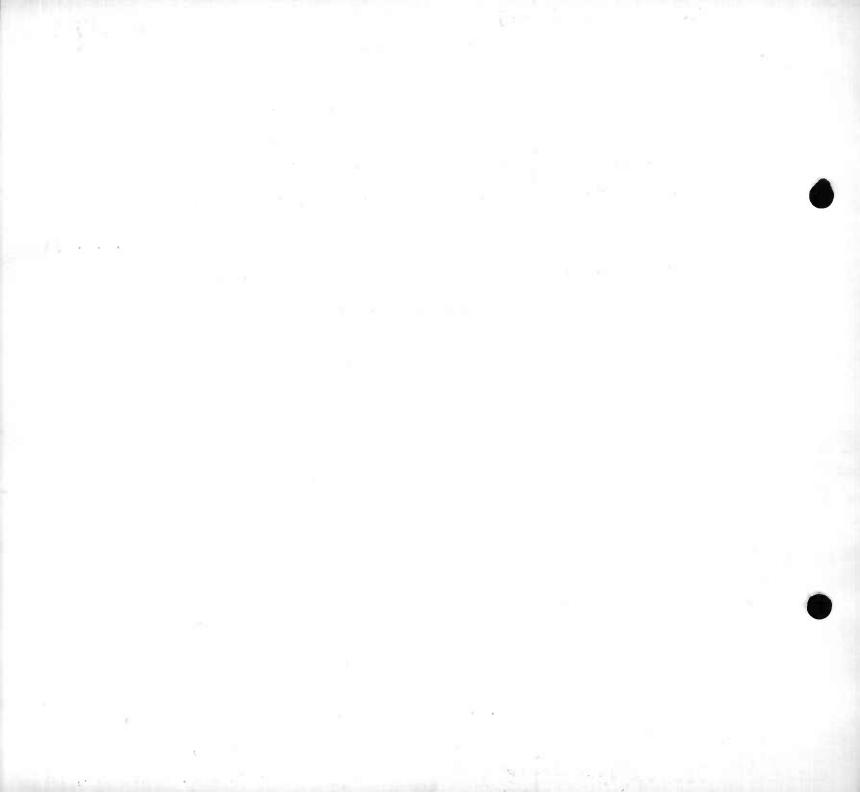
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1,	NAME OF DECE		JNT,	JOHN	Н			2. D	AT CE	MBER O	8 DEATH	970	1	1:10	<u> </u>
3.	PLACE IN BALT	MORE MAR	YLAND, WI	HERE PRO	NOUNCED	DEAD	4. USL	AL RESIDENC	E (Whe	e deceosed	lived. If in	stitution:	residence b	efore odmis	sionl
H	JLL NAME OF OSPITAL OR ISTITUTION	SPITAL OR ADDRESS OF LOCATION				M	ORTOWN			ARUN	DECITY		2.0	3	
	/	CT	ACHEC		CDITA	1	GL	EN BUF	RNIE	,		YES _		οX	
	40	51.	AGNES	ь но	SPITA	L	E. STR	ROOSE V		AVE	210	61			_
	MALE	WHITE		WIDOV	VED 🗍	/ER MARRIED DIVORCED	5/	OF BIRTH 12/18		9. AGE (In last birthday	yeors	If Und Months	er 1 Yr. Days H	If Under 24 lours Mi	
do	A. USUAL OCCUI	PATION (Give orking fife, eve	kind of work n if retired)	OB, KIND	OF BUSIN	ESS OR INDUSTRY	11. Big1	HPLACE (Stote	or fore	ign country)		12. CIT	ZEN OF W	HAT COU	NTRY?
L	SECURIT	Y GUAL		ELE	CTRIC	AL CORP.	MA	RYLAND)			U	.S.A.		
13.	FATHER'S NAM	E						THER'S MAID							
	WALTER						1	RY ELL		,					
15. (Ye	Wos Deceosed I s,no or unknown) YES	iver in U. S. If yes, give		es? af servi		CIAL CURITY NO. = 09 = 8637	Mrs Mrs	. Kathi . AGNE	yn I S H	M. Hun	t (wi AL RI	fe) ECOR	Same DS	as #4	
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		OR COND		CTLY				1 /		1 1	- 1	1	BETWEEN C	NSET AND D	EATH
	(This does no	EADING TO		dvina.	9.0.	(A) IMMEDIATE CAL	ISE ac	UTP My	oca	relial 2	nfasc	tion	*************		
	heart failure, a	sthenia, etc.	Il means i	he dise	150,	DUE 10, OR AS	A CONSE	QUENCE OF:							
		NTECEDENT		1601117											
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z	. 51450 04044	- 11									*				
CATIO	TO THE DEATH DISEASE OR CO	BUT NOT REL	ATED TO THE	TERMIN	AL	Heart						*******		************	
CERTIFICATION	19A DATE OF C		WAS PERFO	RMED				YES		N CERTIF	S WERE F	FINDINGS USES OF	CONSIDE DEATH?	RED	
MEDICAL C	21A. ACCIDENT OR CONTRIBUT DEATH (notify n	WAS UNDI	ERLYING [218. PLACE home, farm, etc.)	OF INJURY (e.g., i foctory, street, o	n or obou fice bldg.	21C. WHERE	DfD CUR?	(lf i	n Boltimore	e City, giv	e exoct loc	olion)	
NED!	OF INJURY	Month) (Do	y) (Yeorl	(Hous)		OCCURRED		21F. HOW D	ID INJ	URY OCCUI	17				
2	(APPROX.)				While At C	Not While									
	22. I certify the	hat (1) (this	hospital)	attende	d the dece	ased fram	E CE	BER 5	1	9/ 0 to	DE CE	MBE R	8		
	that (1) (we) 1	st saw the	deceased	alive	M DEC	EMBER 8	19	70	and the	ot In(my)	(our) apin	ilan dea	th accurr	ed on the	dote
	and hour and	fram the ca	uses state	d algove	. (1) (We)	(did) (did nat) v	lew the	bady after d	leath.						
	23A. SIGNATUR		hhi	11			**					23B, DA1	E SIGNED		
			164			DEGREE Phys	nding _	Med. Director		Shaff N					
	23C. PHYSICIAN NAME (Typ	ALVAD(DR QUI	ROZ	. MD.	,-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CT	AGNES		MORE,			D 212	229 KENS A	AVF S
24/	BURIAL CREM				*	DEGREE CEMETERY OF CRE				CATION			or countyl	(Stote	
-	Burial		ec.12/	70	Glen H	laven Mem	nria	l Park	G1 4	en, Bur	nie	Massi	1 004		
25/	A. DATE REC'D B	Y HEALTH	EPT. 2	5Ben AA	HE OSUREGLE	TAR ()	25C		ECTO		Sino	leto	ADDR	eral	uee e
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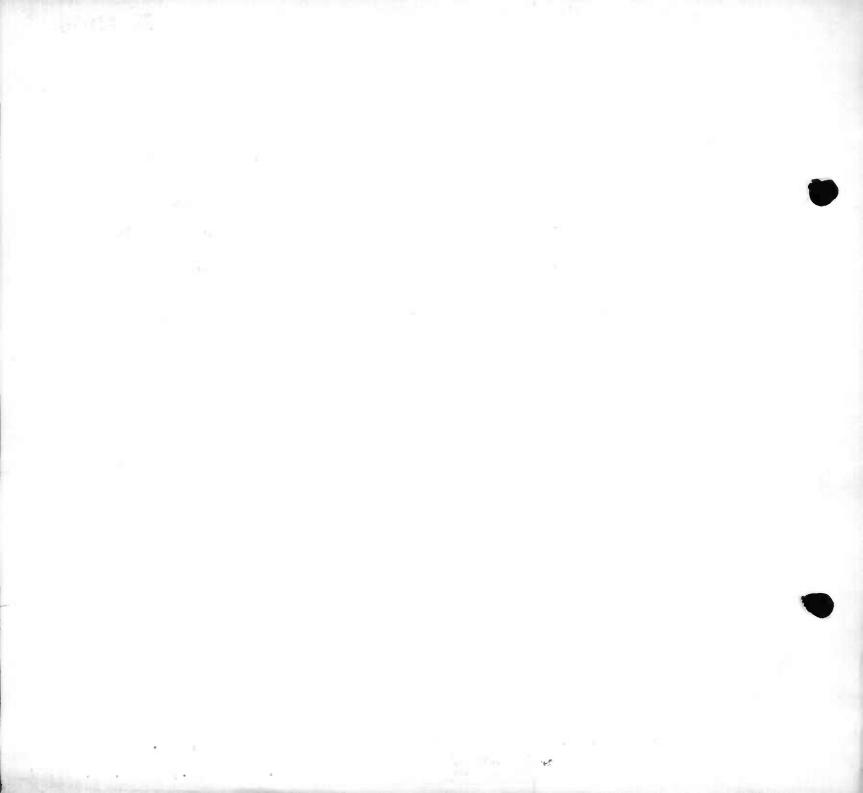
M-200 70	1.1984 CERTIFICA	TE OF DEATH	REG. NO	70 11984
1. NAME OF DECEASED (Type or Print) Helen	Macko	2. DATE A	ND HOUR OF DEATH	1 4 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE FULL NAME OF (IF NOT IN HOSPITAL OR HOSPITAL OR ADDRESS OR LOCATION	PRONOUNCED DEAD R INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Wh A. STATE Md	NIT	institution: residence before admission
2829 Christopher	Ave	Baltimore E. STREET AND NUMBER		YES NO
		2829 Christ		
F. W, wi	ARRIED NEVER MARRIED DOWED DIVORCED	6/2/1904	9. AGE (In years lost birthdoy)	II Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, done during most of working life, even if refired) Housewife	KIND OF BUSINESS OR INDUSTRY	Md.	eign country)	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Joseph Pila	rski	Sophie	okoski	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates af	16. SOCIAL SECURITY NO. 215-28-788	17. INFORMANT		ADDRESS
18. 4.4 / 7.	CAUSE OF DEATI	MIS Caroly	n Martin	Same
DISEASE OR CONDITION DIRECTI	LY	393		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dyin heart loiture, astherio, etc. It means the injury or complication which coused deat	disease, DUE TO, OR AS	SE COLONARY A CONSEQUENCE OF:	INSERTICI	ency Eyeun
ANTECEDENT CAUSES		-1 ateri	5-10-001	
DISEASES OR CONDITIONS, if any,	giving (8) DUE TO, OR AS	A CONSEQUENCE OF:	" ACICEOSE	<u> </u>
nise la the abave couse (A) stoli UNDERLYING CONDITION lost.	ng lhe (C)	**********	****	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TER	MINAL			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, lorm, loctory, street, of etc.)	or obout 21 C. WHERE DID	(1) In Baltima	re City, give exact locotion)
21D.TIME (Month) (Doy) (Year) (Ho OF INJURY (APPROX.)	White At Not White Work		JURY OCCUR?	
22. I certify that (I) (this heapttal) atta	ended the deceased from	march	19 62 to 100	C. 8 19 70
that (i) (we) last sow the deceased all	Δ.			nion death occurred on the date
and hour and fram the causes stated of	bove. (1) (We) (did) (did not) vi	lew the body ofter deoth.		
23A. SIGNATURE				23 B. DATE SIGNED
I Lande Ja	DEGREE Phys		Staff Phys.	12-9-70
23C. PHYSICIAN'S NAME (Type)		7103 Hanfan	d Rd Roll	to MD
R. Donald Jand	Ori MD DEGREE 24C.NAME OF CEMETERY OF CRE	7403 Harfor		ity, town, or county) (Stote)
Burial 12/11/70				Maryland
25A. DATE REC'D BY HEALTH DERT	NAME OF REGISTRAR	25CL JUNERAL DIRECTO	()	ADDRESS Balto. Md.
/S 150-REV, 1/1/6B		1 Hoomara 0.	TOOK THE	. 20100. 110.



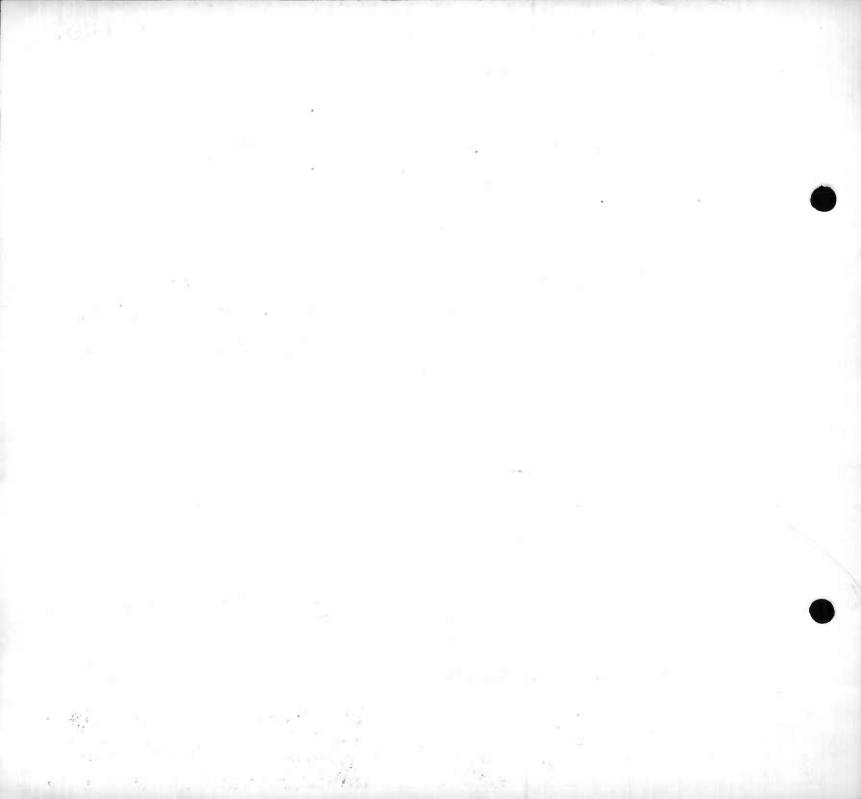
M-240 70 11985 BALTIMORE CITY	HEALTH DEPARTMENT
CEDTIEICA	TE OF DEATH REG. NO. 70 11985
1. NAME OF DECEASED 1111111 May Moxley	TE OI DEATH
Type or Print LILLIAM MAYIN	OXCC 2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION GIVE STREET INSTITUTION	Maryland 27-59
	De 14.
90 0000	E. STREET AND NUMBER
Gould Convalesarium	1417 Northgate Rd
Hemalo White	8. DATE OF BIRTH 9. AGE (in years II Under 1 Yr. il Under 24 His. Months; Days Hours; Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	April13,1892 78
tone during most of working the, even if felifed)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
HOUSeWife	Maryland IISA
	14. MOTHER'S MAIDEN NAME
Phillip Style	Mary Weisbecker
5. Wos Deceased Ever in U. S. Armed Farces? Yes, no ar unknown) (If yes, give wor or doles af service) NO	17. INFORMANT ADDRESS
12-03-0904	D Mrs Mamie A Greb Same
CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	T-00115 12/6
IThis does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	SE CONSEQUENCE OF:
injury or complication which caused death.)	
ANTECEDENT CAUSES	S.V. D. Efer.
DISEASES OR CONDITIONS, il ony, giving ise la lhe above cause (A) stoling lhe	A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	
TO THE RIGHIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A)	
IDISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? IYes or Noll 20B. IF YES, WERE FINDINGS CONSIDERED
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? IYes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYINO 21B. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID (If in Boltimore City, give exact lacotion)
DEATH Inotity medical examined	ce bidg., INJURY OCCUR?
OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not While At Work	
22. I certify that (1) (this happite!) ottended the deceased from	19 45 19 10 12/8/70 19
that (1) (we) last saw the deceased alive an 12-17/70) 19ond that in(my) (ear) opinion death occurred on the date
and hour ond from the couses stated above. (1) (We) (did) (did not) vie	sw the body after death.
23A. SIGNATURE AA	23B. DATE SIGNED
Malle Talffin DEGREE Phys.	ding Med. Staff 12/f-/76
222C BUYELOLAND	D. ADDRESS
Walter E Karfgin M D	4331 Harford Rd Baltimana Mana
4A. BURIAL CREMATION. REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREM	4331 Harford Rd Baltimore Maryland (City, lown, or county) 1 (Stole)
Burial 12/11/70 Pombused	Baltimore, Maryland
DEC 1 0 1970 Calculate Acade A	25C. PUNERAL DIRECTOR Maryland
DECI U BIU VOUCE & TOURSE	Leonard J Ruck Inc. Baltimore, Md
\$ 150-REV. 1/1/6R	



Bi	R-554 10 11986		TE OF DEA		70 11986	
	NAME OF DECEASED		2. D.	ATE AND HOUR OF DEAT		
11_	MUJHONA J B	OMANIELL		2-10 a.m.1		A . M
FL	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU JLL NAME OF OSPITAL OR INSTITU ADDRESS OR LOCATION)		C, CITY OR TOWN	COUNT	institution: residence before adm	nission)
B	7/mercy Hospital		E. STREET AND NUM		res × NO	
5.	SEX 6. RACE 7. MARRIED T	NEVER MARRIED	8. DATE OF BIRTH			
	WIDOWED T	DIVORCED T	11/25/08	9. AGE (In years last birthday)		Min.
40.	LUSUAL OCCUPATION (Give kind of work 108, KIND OF the during most of working life, even if refired) ruck Driver (Ret)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State Maryla	or foreign country)	12. CITIZEN OF WHAT CO	UNTRY
13.	FATHER'S NAME		14. MOTHER'S MAIDE		0011	
	Joseph Romaniello		Rose	DelBuno		
15. (Ye	Wes Deceased Ever in U. S. Armed Forces? s,no or unknown) Uf yes, give wor or dotes of servicei		17. INFORMANT		ADDRESS	
	Yes WWII	SECURITY NO. 213 183232	wife	Same "	as Rhove	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	1)	on Mayor a	APPROXIMATE INTE	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury ar camplication which caused death.)	(A) IMMEDIATE CAU:	CONSEQUENCE OF:	inflection	***************************************	
	ANTECEDENT CAUSES	m ASC	U 1)			
	DISEASES OR CONDITIONS, it any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.		none bla	ddee = opst	metive	1000
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		*******************************	ne	ispethy,	
RTIFIC	19A DATE OF OPERATION 198 CONDITION FOR WE WAS PERFORMED	IICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?	
	21A. ACCIDENT WAS UNDERLYING 21B. PI OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21B. Pi home, etc.)	LACE OF INJURY (e.g., in farm, foctory, street, affi	or about 21C WHERE I	OID (If In Boltime	ore City, give exact location)	
MED	21 D. TIME (Month) (Doy) (Year) (Hous) 21 E. If OF INJURY (APPROX.) While Work	At Not While		D INJURY OCCUR?		
	22. I certify that (I) (this hospital) attended the that (I) (we) last sow the deceased alive on	deceosed from	10 7 0	19 70 ta 18	18 197	0-
	and hour and fram the couses stated above. (1)		ew the hade after de	nd that in (my) (our) op	Inion death occurred on the	o dote
	23A. SIGNATURE Prahma Bos	e (h·) Attend	ding Med.	Stoff [7]	238, DATE SIGNED	_
	PRATIMA BOS	DEGREE	D. ADDRESS Mercy	Hospital		
	Control of the topocity	E of CEMETERY OF CREN			•	ate)
	Burial 12/11/70 Hol DATE REC'D BY HEALTH DEPT. 258, NAME OF DEC 10 12/10 Page 2 Tables	y Rosary Ce	25CL PUNERAL DIRE	Baltimore, M	ADDRESS	
VS I	50-REV. 1/1/68		Theomard	J. RuckInc.,	Balto.Md. 212	.14



V\$ 150-REV. 1/1/6B



AMERICA CARTEST TATALET gr. 178. M Brother while) 70 1100h

E - 7 A	CERTIFICATE OF DEATH 70 11989
BIRTH NO.	CERTIFICATE OF DEATH REG. NO. 11989
NAME OF DECEASED	2. DATE Known Month Day Year Hour
Thomas E. Smith	OF DEATH Estimated □ 11 22 70 11:12 Am.
A. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) DR INSTITUTION	PRONOUNCED DEAD 11 22 701 11:12 4
Mercy Hospital	5. USUAL RESIDENCE (Where deceased lived, if Institution: residence before admission) A. STATE Md.
S. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male White WIDOWED DIVORCED	Balto. YES NO
P. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. If Under 24 Hrs lost birthday) Manths Days Hours Min.	
1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	NULS MOTUEDIC MAINEN NIAME
one during mast of working life, even liretired)	13. MOTHER'S MAIDEN NAME
6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no ar unknawn) (II yes, give war or dates of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
19. 5 / 9 / CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	thronic obstructive pulmonary disease
LEADING TO DEATH (A)IMMEDIATE	
	AS A CONSEQUENCE OF:
injury or complication which caused death.)	
ANTECEDENT CAUSES (8)	
	R AS A CONSEQUENCE OF:
I UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAS PERFORMED 21. AUTOPSY? (Yes or No.)
O O	no
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(0.0.	., In ar about 22C. WHERE DID (it in Boltimore City, give exact location) ice bidg., etc.) INJURY OCCUR?
UNDERLYING GOR CONTRIB-	ice bldg., etc.) INJURY OCCUR?
22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED	
	WORK
23.	
I certify that I held an Inquiry Inspection X A	
resulted from: Natural causes Accident Suic	Ide Homicide Undetermined manner
ACTUAL TILLEDALL	CHIEF MEDICAL EXAMINER L
SIGNATURE A SIGNATURE	
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER XX 11/23/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER REMOVAL (Specify)	ANATION Y BOMBOTTOF MARTO COMPO (State)
12-7-10	UNIVERSITY MEDICAL SCHOOL
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C PUNERAL DIRECTOR OF LANDERS LANDER
EC10 1970 Gagas E. Salley Tage	MARTHARY CEDUICE DOWN
VS 151-REV. 1/1/68	MANUTURAL SERVICE - BUILD

Secondary to believe the control of the least to

22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (II in Baltimare City, give exact location) home, farm, lactory, street, affice bidg., etc.) INJURY OCCUR?

Homicide

NOT WHILE

Autopsy X

Sulcide

22F. HOW DID INJURY OCCUR?

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

25 C. FUNERAL DIRECTOR

and that an this basis, death in my apinion

240 LOCATION

Undetermined manner

(CI) Ito In to ricci in the

21. AUTOPSY? (Yes ar No)

DATE SIGNED

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL

(Doy)

I certify that I held an Inquiry

24B. DATE

resulted from: Natural causes 🗵

(Year)

20A. DATE OF OPERATION |20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

Peter Lipkovic, M.D.

(Hour) 22E, INJURY OCCURRED

Inspection

24C. NAME of CEMETERY

WHILE AT

Accident

258. NAME OF REGISTRAR

m. WORK

DISEASE OR CONDITION GIVEN IN PART 1 (A)-

EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month)

CERTIFI

22A.

OF INJURY

ACTUAL

24A. BURIAL CREMATION,

REMOVAL (Specify)

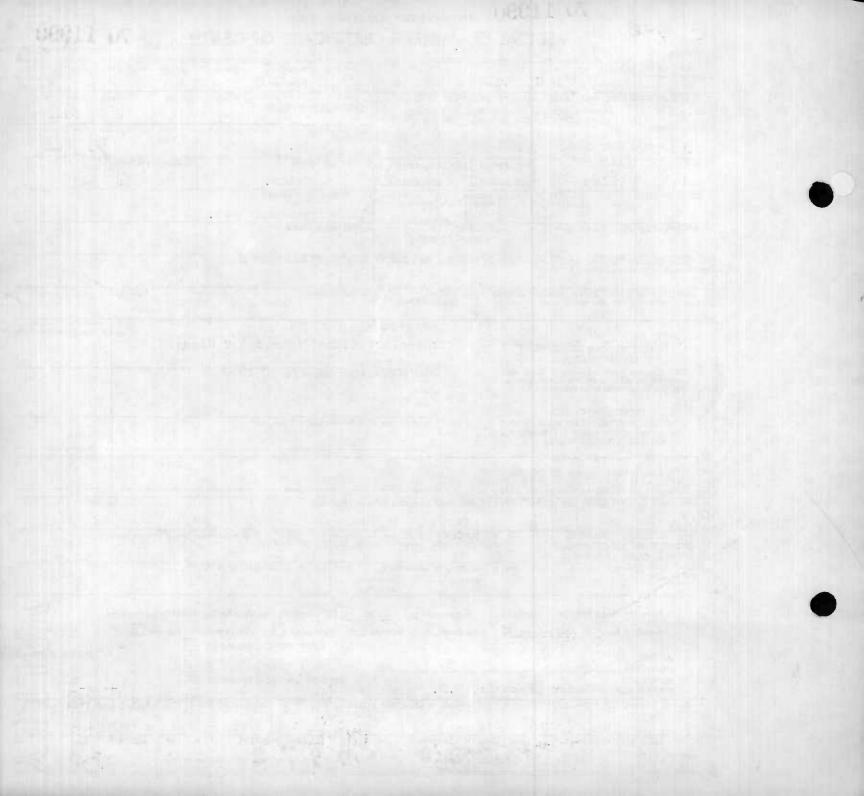
VS 151-REV. 1/1/68

SIGNATURE **EXAMINER'S**

NAME (Type)

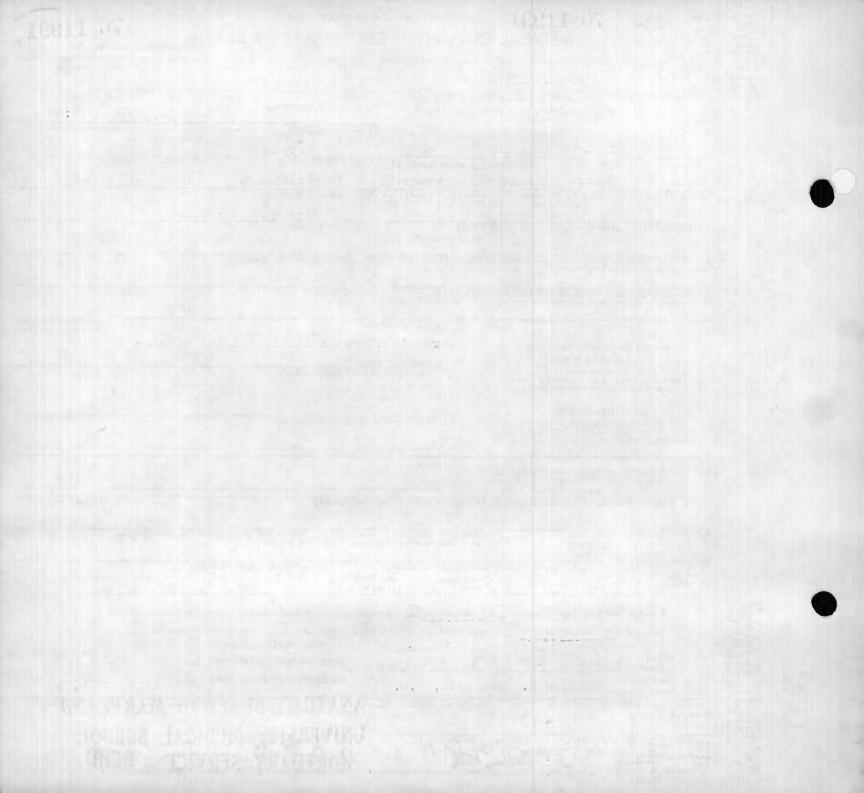
25A. DATE REC'D BY HEALTH DEPT.

(APPROX.)



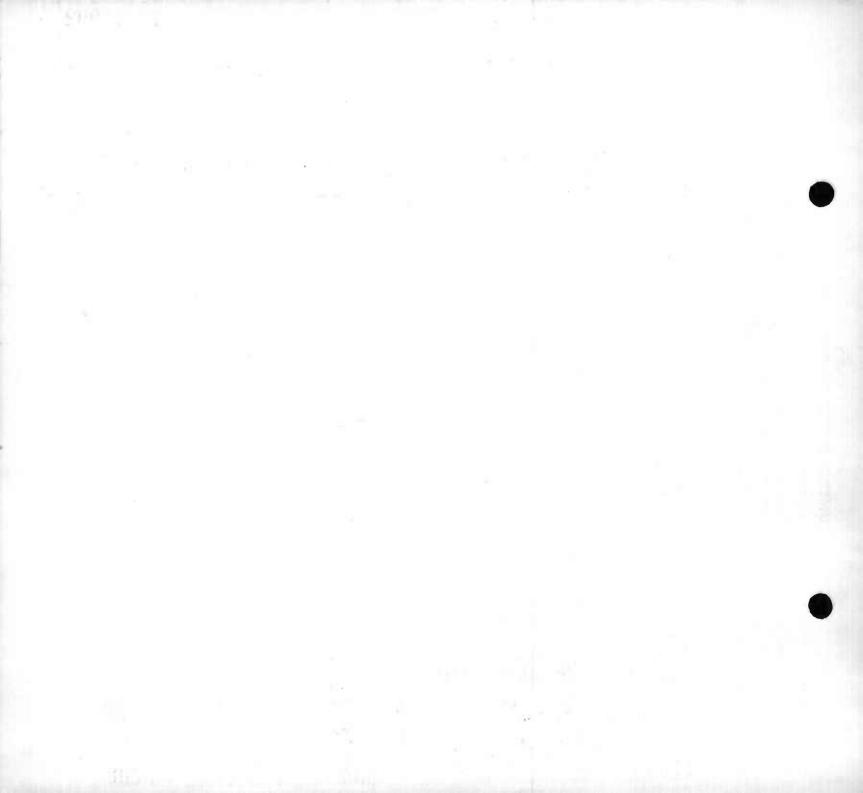
70 11991 BALTIMORE CITY HEALTH DEPARTMENT

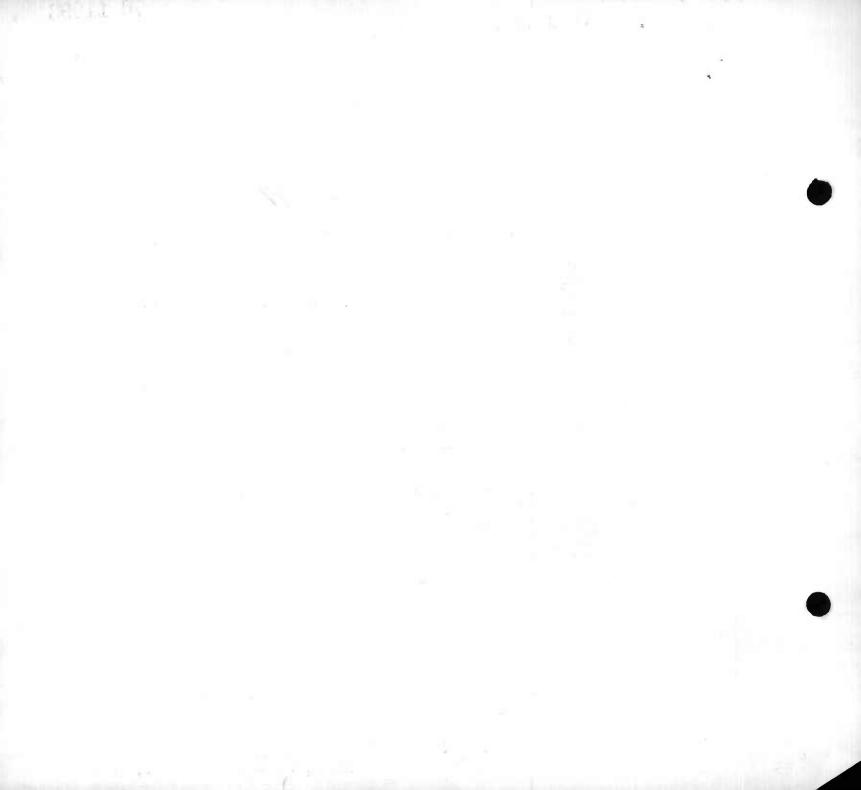
RIE	5-35E		DICAL	E	CAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	70	1199	31
	NAME OF DECE	ASED				2. DATE	Known []	Month	Doy	Yeor	Hour	
(Ty	oe or Print)	PAUL	SYDNO	R		OF DEATH	Estimoted 🗆					M.
4.	PLACE IN BALTI	MORE, MARYLAND,	VHERE PRO	ONC	UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	100
HO	L NAME OF SPITAL INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTI	ITUTIO	ON, GIVE STREET		ESIDENCE (Where			1970	10:50	P _M
6	00	726 Lennox				A. STATE	Maryland		B. COUNTY	1	3-02	
		7. RACE	B. MARRI	ED [NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?		
	Male	Negro	WIDOW				Baltimor	е	YE	s	NO .	
9. 1	DATE OF BIRTH	10. AGE (1 last birthdo		H Un Mant	nder 1 Yr. II Under 24 Hrs. hs: Days : Haurs : Min.	E. STREET	726 Lenn	ox St	reet			
11.	BIRTHPLACE (St	ole or foreign country)	1		THIZEN OF WHAT COUNTRY?	13. FATHER					NAT I	
		ATION (Give kind of work orking lile, even il retired)	148. KIND	OF E	SUSINESS OR INDUSTR	15. MOTHE	R'S MAIDEN NAM	ME				
16. (Ye	WAS DECEASE	D EVER IN U.S. ARME	D FORCES? of service)	?	17. SOCIAL SECURITY NO.	18. INFOR	MANT		Al	DDRESS		
_	10								774		PPROXIMATE INT	ERVAL
	(This does not	OR CONDITION DIRE	/ing, e.g.,		(A)IMMEDIATE	leroti	c cardiova	scula	r diseas	BETY	WEEN ONSET AN	
	injury ar com;	osthenia, étc. It meons the plicotion which coused de	ath.)									
13		TECEDENT CAUSES R CONDITIONS, IF AN ABOVE CAUSE (A) STA G CONDITION LAST.	Y, GIVING		(B) DUE TO, OR	AS A CONSE	QUENCE OF:					
z	UNDERLYING	G CONDITION LAST.			(c)							
CERTIFICATION	OTHER SIGNII TO THE DEAT	II FICANT CONDITIONS C TH BUT NOT RELATED TO	ONTRIBUTI	ING NAL								
RT				ORI	WHICH OPERATION W	AS PERFORN	LED			21. AUTO	OPSY? (Yes or	No)
ပြ	0									100	No	
EDICAL	UNDERLYING	AL CAUSE WAS OR CONTRIB-	2 h	22B, P	PLACE OF INJURY (e.g., , larm, lactory, street, ollic	In or obout 2 e bldg., etc.)	NJURY OCCUR?	II in Boltimo	ore City, give exo	ct location)		
ME	22D. TIME (A OF INJURY (APPROX.)	Aonth) (Doy) (Yea			ZE. INJURY OCCURRED	WHILE VORK	2F. HOW DID IN.	JURY OCC	UR?			
	ACTUAL SIGNATU EXAMINE	RE Charles	1,	A	Inspection X Au coldent Suicio M.E.	ASSI	and that on the control of the contr	Undetermi XAMINER XAMINER	ined monner		DATE SIGN	
	NAME (Ty A. BURIAL CREM MOVAL (Specify	ATION, 248. DATE	Je op		C. NAME of CEMETERY	or ANA	FUMY 28	PART	U Pily MY	RYL	ANDStote	
L		18-	7-70	3		LIMIT	EDCITY	MED	1011 0	CHO	01	
25	EC101	170 Pabase E	258. N/	AME	OF REGISTRAR	WAL	RTHARY	SFR	VICE -	BCH	D	
VS	151-REV. 1/1/6B											



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of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased ital (except where the physician who pronounced death was in regular attendance on the ith); and (6) No physician was in regular attendance on the deceased prior to death. Such the obtained before the remains are embalmed or final disposition is made.	J
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shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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TOI	A 70 4	1000	BALTIMORE CITY	HEALTH DEPARTMENT		70 11992	
BIRTH NO.	0-21987	1992	CERTIFICA	TE OF DEATH	REG. NO	70 11992	
1. NAME OF DI	Baby Boy	WRW Fiel			ND HOUR OF DEATH	Н	,
3. PLACE IN BA	ALTIMORE MARYLAND, W			He Hellas preipreipre	12-4-70	6:	50 A
	WARIEAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU	NTY	institution: residence before	e odmission
FULL NAME O	F (IF NOT IN HOSPITAL ADDRESS OR LOCA	L OR INSTITUT	ION, GIVE STREET	Maryland		27.9	0
INSTITUTION	ADDRESS OR LOCA	IIONI		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?	<u>e</u>
				Baltimore		YES X NO	٦
27	3.5			E. STREET AND NUMBER			
	Mercy Hos	spital		3321 W. Belv	edere Ave.	#21215	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	% AGE (In veois		nder 24 Hrs.
Male	White	WIDOWED	DIVORCED	12-4-70	last birthday)	Months Days Haurs	Min. 29
OA. USUAL OC	CUPATION (Give kind of work	IOR KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	reign country!	12. CITIZEN OF WHAT	
some during most o	a moterning line, even it tellied!			Maryland		1	i COONIKI
Newbo						USA	
	le Fisher			14. MOTHER'S MAIDEN NA	ME		
				Judy Drye			
5. Wos Decease	d Ever in U. S. Armed Forcial (If yes, give wor or dotes	os? 1	S- SOCIAL	17. INFORMANT		ADDRESS	
. Coy no di biikiion	in the state was or coles	ol service)	SECURITY NO.			A D D R L S S	
18,	200 120		garages parties of				
1///	719		CAUSE OF DEATH	1		APPROXIMATE BETWEEN ONSET	INTERVAL
DISEA	SE OR CONDITION DIRECTOR	ECTLY		0			THIS DEATH
(This does			(A)IMMEDIATE CAU	SE Trematur	thy -ANOX	119	
heari latture	not mean the mode of a	he disages	DUE TO, OR AS	CONSEQUENCE OF:			
injury at ca	mplication which caused	deoth.)		0 111			
	ANTECEDENT CAUSES		TIL	VIII - Pa	1		
DISEASES	OR CONDITIONS, if a		(B) 100 00 AC	10 - Wanne	in druhe	12 marion	
rise to th	e above cause (A)	slating the	DUE 10, OR A3	A CONSEQUENCE OF:	1		
UNDERLYIN	G CONDITION last.	CI-LIVE CONTRACTOR	(c)				
	11						
OTHER SIGNI	FICANT CONDITIONS CON	TRIBUTING				i i	
▼ IDISEASE OR O	TH BUT NOT RELATED TO THE CONDITION GIVEN IN PART	TERMINAL	***************				
19A-DATE O	F OPERATION 198 COND	TION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or N	all 20B, IF YES, WERE	FINDINGS CONSIDERED	
	WAS PERFO	RMED				AUSES OF DEATH?	
21A. ACCIDE	NT WAS UNDERLYING	21B. PL	ACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(II In Rollins	ore City, give exact location)	1
DEATH (notify	TING CAUSE OF medical examined	home,	iann, loctory, street, off	co bldg., INJURY OCCUR?	he in commo	To City, give exact locotion;	1
210 210	The state of the s						
OF INJURY	(Month) (Doyl (Year)		JURY OCCURRED	21F. HOW DID IN.	URY OCCUR?		
(APPROXI		While	Not While				
22. I caretty	that (I) (this hospital)						
About (1) (was)	that (t) (this hospital)	difference ine	seceased from		19to	1	19
that (I) (we)	last saw the deceased	alive on		19and th	at in (my) (our) opi	inion death accurred o	n the date
and haur an	d fram the causes state	d abave. (1) (Y	(e) (did) (did nat) vi	ew the bady after death.			
23A. SIGNAT	JRE			, , , , , , , , , , , , , , , , , , , ,		23B, DATE SIGNED	
0	ma 11	0	Atten	ding Med.	Staff	2500 5712 3101165	
23 C. PHYSICI	Maria Ti	you.	DEGREE Phys.	Director L	Staff Phys.		
NAME (1	lype)		2:	D. ADDRESS			
MA	RIAY OUT	MD.	AN	ATOMY ROAD	D OF MIL	DVIAND	
4A. BURIAL CRE	MATION, 248, DATE		of CEMETERY OF CREA	AATORY 24D, L	O CATION (C	ity, town, or county)	(Stote)
REMOVAL (specify 10 9 9		LIN	IVICE CIENT			(Stote)
SA. DATE BECOM	BY HEALTH DEPT.		UIV			CHOOL	
DEO 1 0	CONTRACTOR	TO BELL	SE BAR (25C FUNERAL DIRECTOR		ADDRESS	
DECTO	MA nasan e	1	- Marie -	MORTHARY	CERVICE	- BCHD	
S 150-REV. 1/1/	4.0				-1-1-1-1-1-1	- 110111	



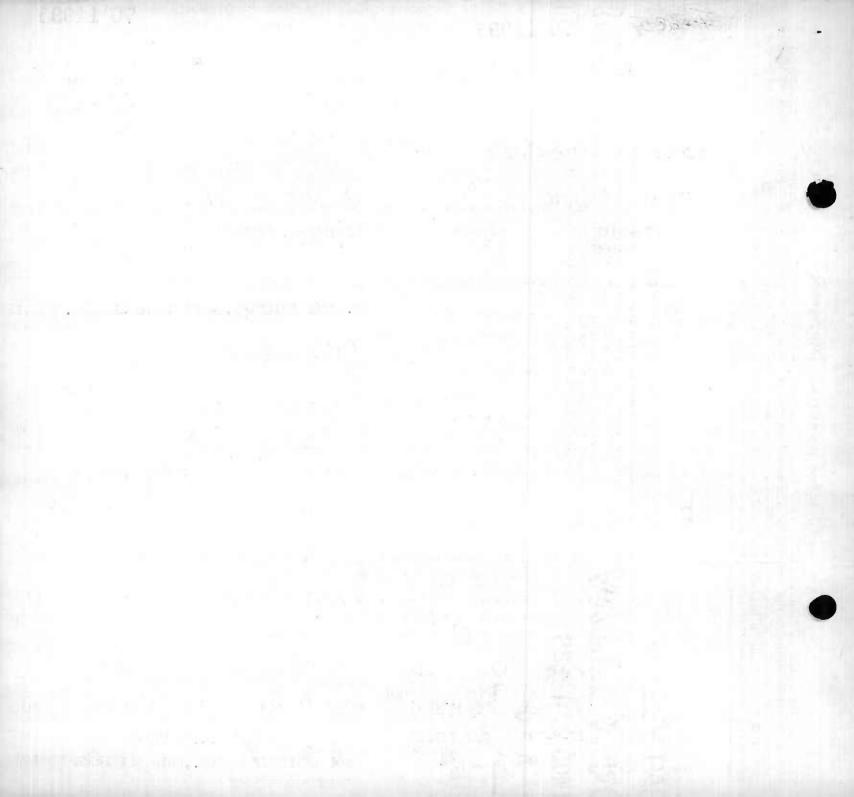


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A tracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
This certificate	the body was r	shows: (1) An a	was D.O.A. at c	deceased prior	written approv

BIRT	-34C	70	119	94 CERTIFICA	TE OF DEATH	REG. NO	70 11994
	AME OF DEC	Frank Vitale			120	6, 1970	
3. F	PLACE IN BALT	IMORE MARYLAND, W	HERE PRONC	DUNCED DEAD		ere deceosed lived. If i	3800 A. M
	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET		Baltimore C	33-00
INS	TITUTION	ADDRESS OR LOCA	CHOR		C. CITY OR TOWN Dundalk	D. INS	YES NO X
(00	3008 Brendan	Avenue		E. STREET AND NUMBER 6929 Holabin	d Ave.	YES NO X
	le	6. RACE White	7- MARRIED WIDOWED	DIVORCED	April 20, 1890		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Re	tired S	elf-employed		ry Store	11. BIRTHPLACE (Slote or for Italy	eign country)	U. S. A.
		ope Vitale			14. MOTHER'S MAIDEN NA Filomena Au		
15, V (Yes,	Nos Deceased , no or unknown) No	Ever In U. S. Armed For Of yes, give wer or dete	es? s of service)	16. SOCIAL SECURITY NO. 213-28-3831A	17. INFORMANT (Daug Mrs. Mary T. E	hter) 6920 sler, Dunda	Delvale Fiace alk, Md. 21222
ATION	heort foilure, of injury or company of company or compa	at meen the made of asthenio, etc. It means plicelian which caused NTECEDENT CAUSES R CONDITIONS, if above couse (A) CONDITION lost. CANT CONDITIONS COLD TO THE CONDITION OF RELATED TO THE CONDITION OF PARTION 1978. CONDITION 1978. CONDITION 1978.	the discose death.) any, giving staling the MIRIBUTING IE TERMINAL 1 1 (A).	(c)	CONSEQUENCE OF: OSCIETOTIC C. A CONSEQUENCE OF: (20 A. AUTOPSY? (Yes. or N		FINDINGS CONSIDERED
ERTIF	0	WAS PERF	ORMED		No	IN CERTIFYING CA	AUSES OF DEATH?
	OR CONTRIBUTE	T WAS UNDERLYING TING CAUSE OF medical axamines	hor	B. PLACE OF INJURY (e.g., li me, form, foctory, street, of i.)	ice bldg. INJURY OCCUR?	(If In Boltimo	re City, give exact location)
31	21 D. TIME OF INJURY (APPROX.)	fMenth) (Doy) fYeor)	W	E INJURY OCCURRED hile Al Not While ork At Work	215. HOW DID IN	JURY OCCUR?	
		that (1) (36363636363			11/24	19 70 to	12/6 19 70
- 1		last saw the decease			1	•	inian death accurred on the dote
	and haur and		ed abave. ((I) (MG) (did) (atames) v	lew the body ofter deoth.		23B, DATE SIGNED
		6	TBX	O DEGREE THY		Staff Phys.	12/7/70
	23C. PHYSICIAI NAME (Ty	L. B. Stev		M. D.	30. ADDRESS 3400 Erdman Ave	. Baltimore	e, Maryland
_	REMOVAL (S	12/9/70	Но	ly Redeemer Co.			ity, town, or county) (Stote) timore, Maryland
[EC11	1970 Cabe & E	Jabe	OF REGISTRAR ()	John J. Duda,	7922 Wise 1	ADDRESS Ave. Dundalk, Md.

. . . X - 1 - 1

BALTIMORE CIT	Y HEALTH DEPARTMENT 70 11995
70 11995 CERTIFICA	ATE OF DEATH REG. NO
BIRTH NO.	2. DATE AND HOUR OF GEATH A
(Type or Print)	12 18 70 330
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
INSTITUTION	C. CITY OR TOWN Balt Mare D. INSIDE CITY LIMITS? YES A NO
33 Johns Hopkins Hospital	E. STREET AND NUMBER
33 TOWNS MODIFIED	3984 Southclare Road
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
FEMALE WILDOWED DIVORCED	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KINO OF BUSINESS OR INDUSTRY	
done during most of working life, even if retired) HOUSEWIFE AT HOME	DALTIMODE MADVIAND
	BALTIMORE, MARY LAND USA 14. MOTHER'S MAIDEN NAME
13. FATHER'S NAMAARON	
Phillip Fine	Daisy Saltzman
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
NO	MR, JACK FRIEDMAN, 3984 SOUTHCLARE RD, #21213
18. 0 7 P CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY	C' A . A . A
LEADING TO DEATH	USE Carclia Hrest
(This does not meon the mode of dying, e.g., heart foilure, asthenio, etc. If means the disease,	A CONSEQUENCE OF:
injury or complication which caused deoth.)	
ANTECEDENT CAUSES	when Premering
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:
rise to the above couse (A) stoting the UNDERLYING CONDITION last.	di, Sepsio, acute &
11	7.80. (1.1)
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Olo Posavil Camps
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODDINGS OR CONDITION GIVEN IN PART 1 (A).	lenes father, have & Mitwilkerin In oneme
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	140
OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., home, form, foctory, street, c	in or obout 21C. WHERE DID (If in Baltimore City, give exoct location) Affice bldg, fNJURY OCCUR?
DEATH (notify medical examiner)	
OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DIO INJURY OCCUR?
(A PPROX.) While At Work At Work	
22. I certify that (this haspital) attended the deceased from	10 122 1970 to 12 8 1970,
that (1) (we) last saw the deceased alive an 13/8	19 70 and that in(my) (aur) apinian death accurred an the date
and haur and fram the causes stated above. (1) (We) (did) (did nat)	view the bady after death.
	ending Med. Staff
Peter Densen Morgress Ph	ys. Director Phys. L
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Peter Densen DEGREE	601 M. Droadway, Balto Md.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION City, town, or county) (Stote)
BURIAL 12-9-70 ENAI ISRAEL	BALTIMORE, MARYLAND
25 DATE REO'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	1 25d. FUNERAL DIRECTOR ADDRESS
BEUIL WIU Jases E Jases Red	SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD
VS 150-REV. 1/1/6B	



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BIE	ATH NO.			CE	ERTIFICA	TE OF DE	ATH	REG.	NO			
	AME OF DECI	ASED		-		12	DATE AL	ND HOUR OF	DEATH			
{Ту	pe or Print)	ROSE 1	ROSENBAUM				DECE	MBER 7,	1970		9	A. M.
3.	PLACE IN BALT	IMORE, MAR	YLAND, WHERE PR	ONOUNCED D	EAD	4. USUAL RESIDE	B. COUN	ere deceased liv	red. If instit	ution; residenc	e before	odmission)
FU	LL NAME OF	(IF NOT	IN HOSPITAL OR II	ASTITUTION, GI	VE STREET	MARYL	AND			27	-21)
IN	STITUTION	ADDRESS	OR LOCATION)			C. CITY OR TOWN			D. INSIDE			
	X 3801	GLEN AV	/ENUE			E. STREET AND I	IMORE		Y	ES XX	NO [
	00							A 3 / 27 > 17 1 177				
5.	SEX	6. RACE	7. MAD	DIED NEVE	D 44 ADDISO C	B. DATE OF BIRTH	GLEN	9. AGE (In ye	ors	f Under 1 Yr.	If Und	er 24 Hrs
	FEMALE	WHIT		RIED NEVER	DIVORCED			lost birthdoy	N	Aonths Doys	Hours	er 24 Hrs. Min.
104			kind of work 108. KIN			MARCH 25,		78 eign country)	1	2. CITIZEN O	FWHAT	COUNTRY?
don	e during most of v			110) m								
13.	HOUSEWI		Al	HOME		RUSSIA	AIDEN NA	MF		USA		
	MENDEL					TOBY	?	7412				
15.	Wos Deceosed	Ever in U. S.	Armed Forces?	1 6. SOCI	AL	17. INFORMANT	•			ADDI	RESS	
(Ye	s, no or unknown)	(If yes, give	wor or dotes of serv	ice) SECU	RITY NO.							
_	NO			NO	USE OF BEAT	MRS. BELL	E POPI	LUDER, 3	829 ME	NLO DR	#21	
Е	18.410	1		CA	USE OF DEAT	1					NONSET	AND DEATH
Н		E OR COND LEADING TO	TION DIRECTLY	(ionon	an 11 A	2).		10		
			made of dying,	e.g., (A	IMMEDIATE CAL	A CONSEQUENCE C	ect	und	2)	ww	red
	heort foilure,	asthenio, etc.	It means the disc ch coused deoth.)	eose,	000,000	- CONSEQUENCE C	,, .					
		NTECEDENT			/inl	201016	2000	2 4 4		12		2
Н			ONS, if any, gi	vina (B)	DUE TO, OR AS	A CONSEQUENCE	1/10 OF:	W			1	لست
	rise to the	obave co	use (A) stoting							3	U	
	UNDERLYING		V last.	(c))						*********	
z	OTHERSIGNIE	CANTCONDI	TIONS CONTRIBUTI	NG						V		
ATIO	TO THE DEATH	BUTNOTRE	LATED TO THE TERMI		***************************************						*	
2	19A. DATE OF		198. CONDITION	OR WHICH OF	PERATION	20A. AUTOPSY?	(Yes or No	0) 208. IF YES,	WERE FINI	DINGS CONS	SIDERED	
ERTIFIC	0		WAS PERFORMED					IN CERTIFY	NG CAUSE	S OF DEATH	.?	
Ü	21 A. A CCIDEN OR CONTRIBU	T WAS UND	ERLYING T	21 B. PLACE O	F INJURY (e.g., i	n or obout 21C. WHI	ERE DID	(If in	Boltimore C	ity, give exact	locotion)	
CAL	DEATH (notify			etc.)	,,							
MEDI	21 D. TIME OF INJURY	(Month) (Do	y) (Yeor) (Hour)	21E. INJURY	OCCURRED	21 F. HOV	V DID INJ	URY OCCUR?	-			
8	(APPROX.)			While At	Not While At Work	e 🗍						
	22. 1 certify	that (1) (this	haspital) attend			Dec		10/8	Da	,	1	20
			deceased alive			19 70	and th	ot In(my) (o	us) apinio	n death as		ر کیاری ۲ معملہ مطعم
				, ,		iew the body ofto		ior (iii(iiiy) (o	or, aprilio	ii deoiii dee	. orred di	i ine doie
	23A. MGNATUR		310100 000	0. (1) 3.6) (0	10) (<u>9</u>	Tew The body offi	er deoin.		123	B. DATE SIGN	NED	
	-4.	10.7	1	0	Atte	nding Med		Staff	23	1 2	7 -	1.1
	23C. PHYSICIAI	NS /	van	n	DEGREE Phys	23D. ADDRESS	ctor L	Phys.		111)-	10
	NAME (Ty	ne)	RVIN SAUBE	2			ARK HI	EIGHTS A	VENUE			
					DECIDEE							

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION

BETH TFILOH TFILOH

BALTIMORE,

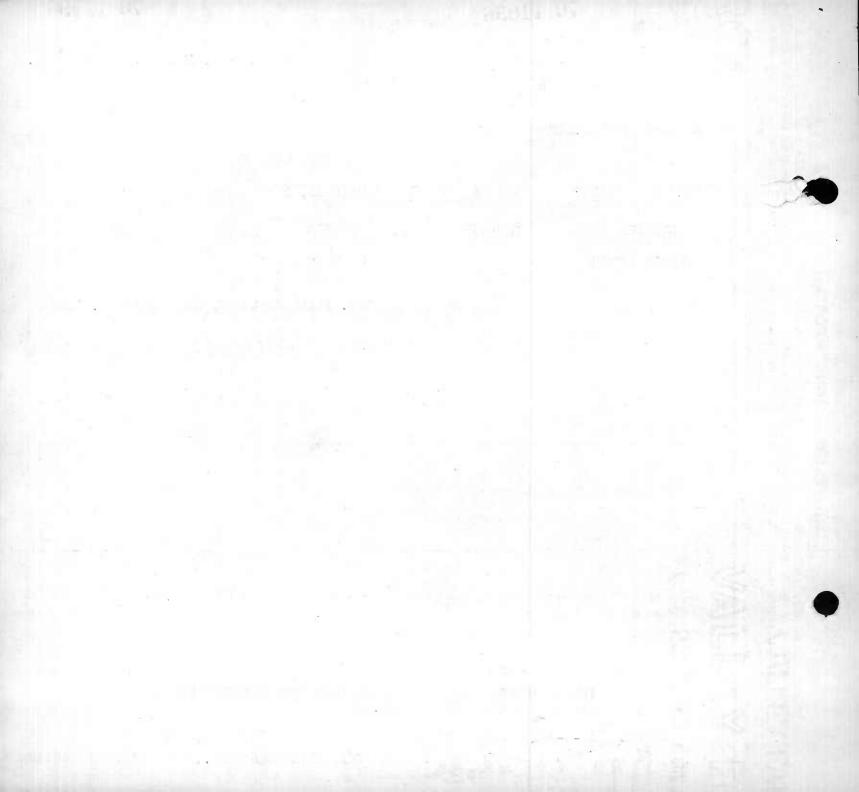
256 FUNERAL DIRECTOR
SOL LEVINSON BROS., BROS.,6010 REISTERSTOWN

(City, town, or county)

(Stote)

DFC1VS 150-REV. 1/1/68

BURIAL 12-8-70
REC'D BY HEALTH DEPT.



Bremerstrasse

25C. FUNERAL DIRECTOR

Francis Ha Barber

ADDRESS

Laytonsville, Md.

258 NAME OF REGISTRAR

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

V.S. 153 12-16-70 M.H.

DEC 11 VS 150-REV. 1/1/68

H-340 MO 11000	BALTIMORE CITY	Y HEALTH DEPARTMENT		70 11998
EIRTH NO. 70 11998	CERTIFICA	TE OF DEATH	REG. NO.	70 EXOLO
I. NAME OF DECEASED			ND HOUR OF DEATH	
(Type or Print) R L 1.0 1L	- 60. 1		10/ma	, 13
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCE	SED DEAD	4. USUAL RESIDENCE (Wh	are deceased lived. If ins	titution: residence before admission)
FULL NAME OF OF OF NOT IN HOSPITAL OR INSTITUTION	ON. GIVE STREET	A. STATE B. COU	N I Y	20 05
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
00		E. STREET AND NUMBER		YES NO NO
410 S. Pulaski	et.	410 8 7	Oulaski)	St
5. SEX 6. RACE 7. MARRIED 1	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALL WILL WIDOWED NION LOS HIND OF BUIL	DIVORCED [3/21/1905	65	
done during most of working life, even if refired)	SINESS OR INDUSTRY	11/ BIRTHPLACE (State or fore	eign country!	12. CITIZEN OF WHAT COUNTRY
maintenance man i heater	1	Dollimore	md.	21 S.A.
unknown		14. MOTHER'S MAIDEN NA	ME	
5. Was Deceased Ever in U. S. Armed Forces? 11.6	SOCIAL	17 INFORMANY		ADDRESS
(Tes.no or unknown) Of yes, give wor or dotes of service)	SECURITY NO.	2000	1 1 1 1 1	alore
/18.// 0 / - 1 0 / 9	12-05-8193 CAUSE OF DEAT	Mr Holand A	adle Th.	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND GEATH
LEADING TO DEATH (This does not meen the made of dying, e.g.,	(A) IMMEDIATE CAL	use walignancy l	ung	several wenth
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO, OR AS	A CONSEQUENCE OF:		
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any, giving	(B)DUE TO, OR AS	A CONSEQUENCE OF:	*****************************	
rise to the above cause (A) stating the UNDERLYING CONDITION tast.				
ONDERENING CONDITION 1985	(c)	***************************************		***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Bu Treeses			
FIGURE DEATH BUT NOT RELATED TO THE TERMINAL IDISEASE OR CONDITION GIVEN IN PART 1 (A).	*******************	ry tuberculesis	***************************************	2 years.
19A-DATE OF OPERATION 19B CONDITION FOR WHICE	H OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
U 21A-ACCIDENT WAS UNDERLYING TO 1218 PLA	CE OF INITION IS - 1	n or obout 21 C. WHERE DID		
S ISTER OF SUPERITOR WAS UNDERLINED IN 121R PLA	orm, foctory, street, of	ffice bidg., INJURY OCCUR?	(It In Boltimore	City, give exect focotion)
The state of the s				
DEATH (notify medical examined etc.) 21D.TIME (Month) (Day) (Yearl (Hour) 21E, INJ	URY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
DEATH (notify medical examined etc.) 21D.TIME (Month) (Doy) (Yearl (Hour) 21E, INJ CAPPONY) While A	Not While	• 🗆	URY OCCUR?	
DEATH (notify medical examined etc.) 21D.TIME (Month) (Doy) (Yearl (Hour) 21E, INJ While A Work	Not While At Wark	° 🗆	URY OCCUR?	8-70
DEATH (notify medical examined etc.) 21D.TIME (Month) (Doy) (Yearl (Hour) 21E, INJ (APPROX.) While A Work 22. 1 certify that (I) (this hospital) attended the di	Not While At Wark	° 🗆 , , , , , , , , , , , , , , , , , ,	19 67 10 12-	8-70 19
DEATH (notify medical examined etc.) 21D.TIME (Month) (Doy) (Year (Hour) 21E, INJ While A Work 22. I certify that (I) (this hospital) attended the dithat (I) (we) last saw the deceased alive an ond hour and from the causes stated above. (I) (W.)	Not While At Wark	° 7-31-	19 67 10 12-	
DEATH (notify medical examined etc.) 21D. TIME (Month) (Doy) (Year (Hour) 21E, INJ While A Work 22. I certify that (I) (this hospital) attended the dec.)	Not While At Wark eccessed from 12-5- e) (did) (did not) v	7-31- 19_7 and the lew the body ofter deoth.	19 <u>67 to 12-</u> of in(<u>my</u>) (aur) opini	
DEATH (notify medical examined etc.) 21D. TIME (Month) (Doy) (Yearl (Hour) 21E, INJ (APPROX.) 22. I certify that (I) (this hospital) attended the dithat (I) (we) last saw the deceased alive an ond hour and fram the causes stated above. (I) (W. 23A. SIGNATURE	Not While At Wark eccessed from 12-5-	7-31- 19 7 and the lew the body ofter deoth.	19 67 to 12- of in(my) (aur) opini	on death occurred on the date
DEATH (notify medical examined etc.) 21D.TIME (Month) (Doy) (Year (Hour) 21E, INJ While A Work 22. I certify that (I) (this hospital) attended the dithat (I) (we) last saw the deceased alive an ond hour and from the causes stated above. (I) (W.)	Not While At Wark eccessed from 12-5- (e) (did) (did not) v	7-31- 19 7 and the lew the body ofter deoth.	19 <u>67 to 12-</u> of in(<u>my</u>) (aur) opini	on death occurred on the date
DEATH (notify medical examined etc.) 21D.TIME (Month) (Doy) (Yearl (Hour) 21E, INJ OF INJURY (APPROX.) While A Work 22. I certify that (I) (this hospital) attended the dithat (I) (we) last saw the deceased alive an ond hour and fram the couses stated above. (I) (W. 23A. SIGNATURE	Not While At Wark eccessed from 12-5- (e) (did) (did not) v	7-31- 19 7 and the lew the body ofter deoth. Inding Med. Director Director	19 67 to 12- of in (my) (aur) opini	on death occurred on the date

DEGREE 2431 Maryland Ave. Balto., Md. 21218

METERY OF CREMATORY

Planen Gen. Shen Burnel

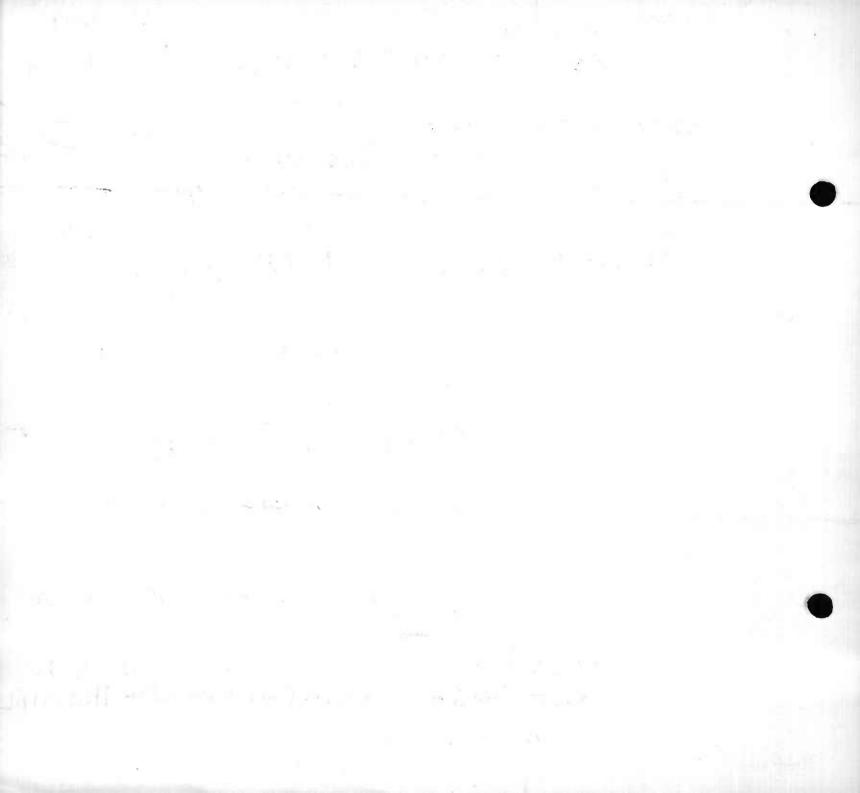
AND 125C SUNEEL DIRECTOR)

John Conniel Lafon Dav. Globy St.

THE RESERVE OF THE PERSON OF T mer as a rest of the IMPORTANT DIRECTOR: FUNERAL

approv

D. INSIDE CITY LIMITS? NO If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? MADDEN ADDRESS eN APPROXIMATE INTERVAL CARDIOVASCUL LATION 20A-AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimore City, give exact location) ond that in(my) (our) opinian death accurred on the date 238, DATE SIGNED (City, town, or county) ADDRESS Patapsco Ave.



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and death the the Such	B 1
the off	3
a hosp cause ise; (5) I endance to dea	1
buting ned cau	8 B T C C C C C C C C C C C C C C C C C C
ath occurring to regular regul	de de
dec Un Vas	1;
stant if ne direction (4) leath we on the part of the	1.5 (Y
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	MEDICAL CERTIFICATION
This certi the body shows: (1 was D.O. deceased	25

1. N	TH NO. IAME OF DECEASE pe or Print)	70 12 BROWN,			ARGUER	RITE	2, DATE	AND HOUR C			12000	8:05P
FU	JEL NAME OF OSMITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ST AGNES HOSPITAL WILKENS & CATON AVES.				4. USUAL REAL STATE MD. C. CITY OF TO PAS A	SIDENCE (WI B. COU ANN DWN DENA	nere deceased	lived If in		JMITS?	re admission)	
1	BALT	IMORE, MA	RYLAN	D 2122	9	11	1 A RT	# 5 9	SUNSE	TKNO	LL RD.	
	FEMALE	WHITE	WIDOWE		ORCED	02 11	91	9. AGE (In lost birthdoy	79 79	If Unde Months	Doys Hour	Inder 24 Hrs. Min.
don	HSEWIF	ION (Give kind of work a life, even if retired)	108, KIND C	F BUSINESS C	OR INDUSTRY	KENT		reign country)		1	S.A.	AT COUNTRY?
13.	THOMAS	COOPER				DRUSC	MAIDEN N					
5. Yes	Wes Deceesed Ever i, no or unknown) (If y	in U. S. Armed Forces, give wor ar dole	ces? s of service)	16. SOCIAL SECURIT 278 1		17. INFORMAL		SPITAL	WIL	KENS	ADDRESS & CAT	ON AVI
	ANTE	lion which caused CEDENT CAUSES ONDITIONS, il a	ony, giving	(B)		A CONSEQUEN	CE OF:				************	**************************************
NOIL	ANTE DISEASES OR CO rise la lihe ab UNDERLYING CO OTHER SIGNIFICAN TO THE DEATH BU:	CEDENT CAUSES CONDITIONS, il cave cause (A) NDITION last. Il TONDITIONS CON	death.) any, giving staling the TRIBUTING TERMINAL	(B) DU	JE TO, OR AS	A CONSEQUEN	CE OF:				480000	
RTIFICATION	ANTE DISEASES OR CO rise la lihe ab UNDERLYING CO OTHER SIGNIFICAN TO THE DEATH BU: DISEASE OR CONDI 19-A. DATE OF OPER	CEDENT CAUSES CONDITIONS, if cave cause (A) NDITION last, I TONDITIONS CONTON TON TON TON TON TON TON TON TON TO	death.) any, giving stating the stating the stating the stating the stating the stating that st	(B) DU	JE TO, OR AS	A CONSEQUENT	CE OF:	[o] 208, IF YE	ES, WERE I	FINDINGS USES OF	CONSIDERE	**************************************
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AEDICAL CERTIFICATION	ANTE DISEASES OR CO rise la lihe ab UNDERLYING CO OTHER SIGNIFICAN TO THE DEATH BUI DISEASE OR CONDI 19 A. DATE OF OPEI 21 A. ACCIDENT W OR CONTRIBUTING DEATH (notify medi	CEDENT CAUSES CONDITIONS, il cave cause (A) INDITION last. IL I CONDITIONS CON I NOT RELATED TO TH IION GIVEN IN PART RATION 19R. CONE WAS PERF	death.) any, giving staling the staling t	(B)	ATION NJURY (e.g., in order of the control of the	A CONSEQUENT A CONSEQUENT Per for poor poor poor poor poor poor poor	CE OF: ICE OF: S('ON) PSY2 (Yes or N WHERE DID RY OCCUR?	IO) 208, IF YE	In Boltimore	USES OF I	DEATH?	
MEDICAL CERTIFICATION	DISEASES OR CONSE IN THE OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING DEATH (notify medical contribution) (Approx.)	CEDENT CAUSES CONDITIONS, il cave cause (A) NDITION last. II I CONDITIONS CON I NOT RELATED TO TH ITION GIVEN IN PART RATION 198. CONI WAS PERF. AS UNDERLYING CAUSE OF col examines) ((1) (this hospital) saw the deceased	Dany, giving stoling the Stoli	WHICH OPER B. PLACE OF III me, form, focte LINJURY OC hite At ork	ATION NJURY (e.g., ir only, street, of the Work) At Work I from N	A CONSEQUENT A CONSEQUENT PORT FOR 20A. AUTO NO n or obout 21C. Fice bldg., INJU 21F. I	CE OF: ICE OF: S('ON) PSY? (Yes or N WHERE DID RY OCCUR? HOW DID IN	JURY OCCUPANT OF THE PROPERTY	In Bolttmore	USES OF I	DEATH? e exoct locotto	n)
MEDICAL CERTIFICATION	ANTE DISEASES OR CO rise to the ob UNDERLYING CO OTHER SIGNIFICAN TO THE DEATH BUT DISEASE OR CONDI 19A. DATE OF OPE 21A. ACCIDENT W OR CONTRIBUTING DEATH (notify medi 21D. TIME OF INJURY ((APPROX.) 22. I certify that that (I) ((we) last and haur and fran 23A. SIGNATURE	CEDENT CAUSES CONDITIONS, il cave cause (A) NOITION last, II TONDITION CONTON RELATED TO THE TION GIVEN IN PART RATION 178 CONTON CONTO CONTON CONTO CONTON CONTON CONTON CONTON CONTON CONTON CONTON CONTON CONTO	death.) any, giving staling the staling t	WHICH OPER B. PLACE OF III me, form, focte LINJURY OC hite At ork	ATION NJURY (e.g., in property of the propert	A CONSEQUENCE A CONSEQUENCE 20A. AUTO 10	CE OF: ICE OF: S('ON) PSY? (Yes or N WHERE DID RY OCCUR? HOW DID IN	JURY OCCUPANT OF THE PROPERTY	In Bolttmore	MRFR	DEATH? e exoct locotto	n)
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